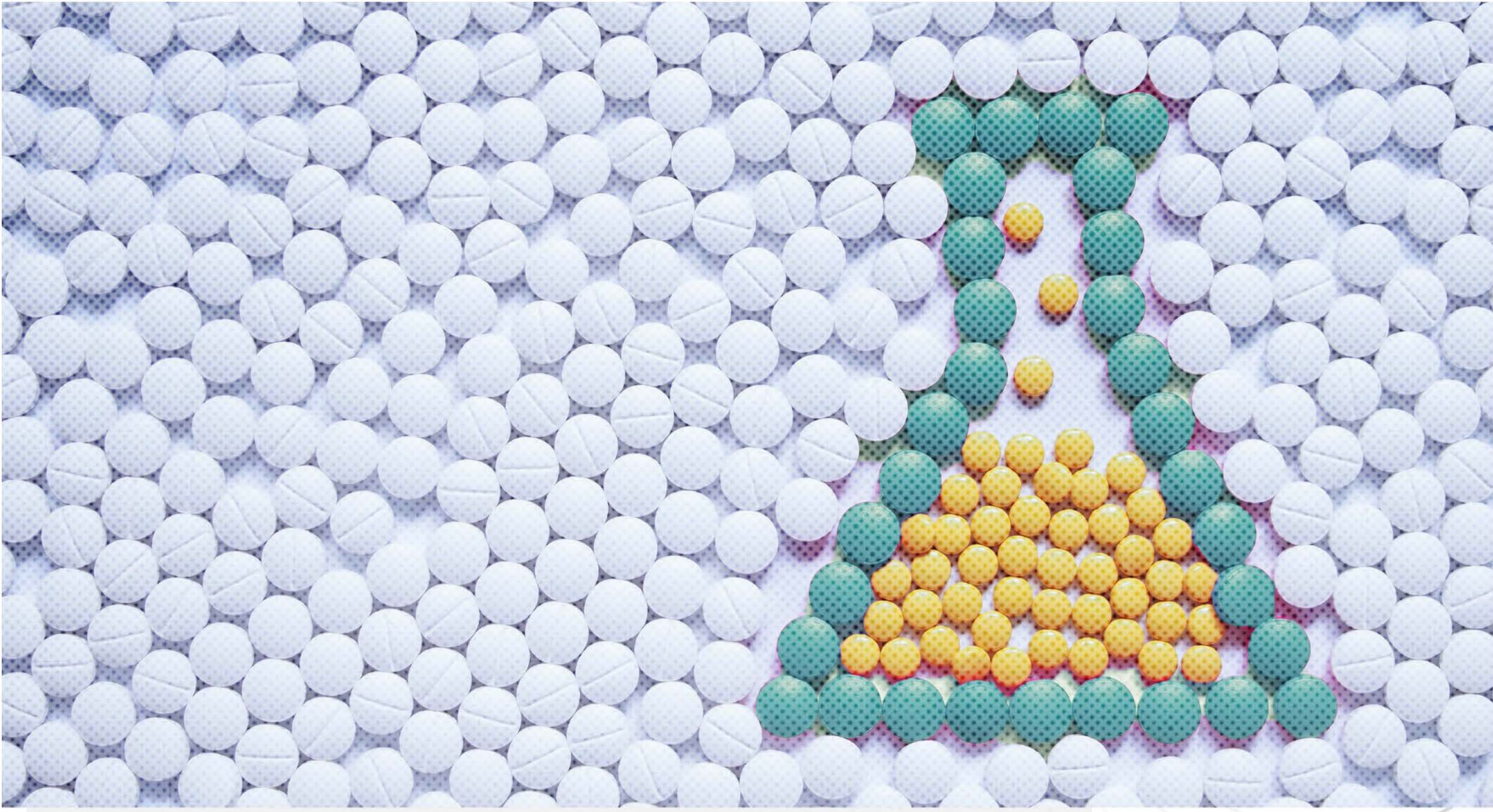


Substance Abuse and Addiction

In Northern Syria

March. 2022

Edition 01

Syria did not play a significant role in the cultivation and manufacturing of narcotic substances before 2011. However, it was a corridor for these substances coming from Afghanistan, Iran and Lebanon to the Arab Gulf countries. The use of Captagon pills started to increase in Syria among fighters after 2011. Currently, substance .abuse is prevalent among different groups in society

The report includes information on the spread and abuse of both natural and synthetic narcotic substances, their sources, groups that use them, the causes of their spread, and their impacts. It also includes the mechanisms for dealing with their spread and treating .and rehabilitating addicts

Issued by the Information Management Unit (IMU)

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ACU aims to strengthen the capacity of actors in the Syrian crisis to make decisions, by collecting data on the humanitarian situation in Syria, analyzing it, and sharing it. For this purpose, through the Information Management Unit, ACU established a huge network of enumerators selected based on certain criteria such as the education level, their relations with various sources of information, their ability to work in different circumstances, and their ability to communicate in all situations. The Information Management Unit collects data that is difficult for international actors to obtain. It also issues different types of products, including needs assessments, thematic reports, maps, flash reports, and interactive reports.

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Acknowledgment

"ACU would like to express their gratitude and appreciation to the Hope Revival Organization for their contribution to drafting the data collection tools, revising the final report, and enriching it with their valuable feedback."

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Substance Abuse and Addiction

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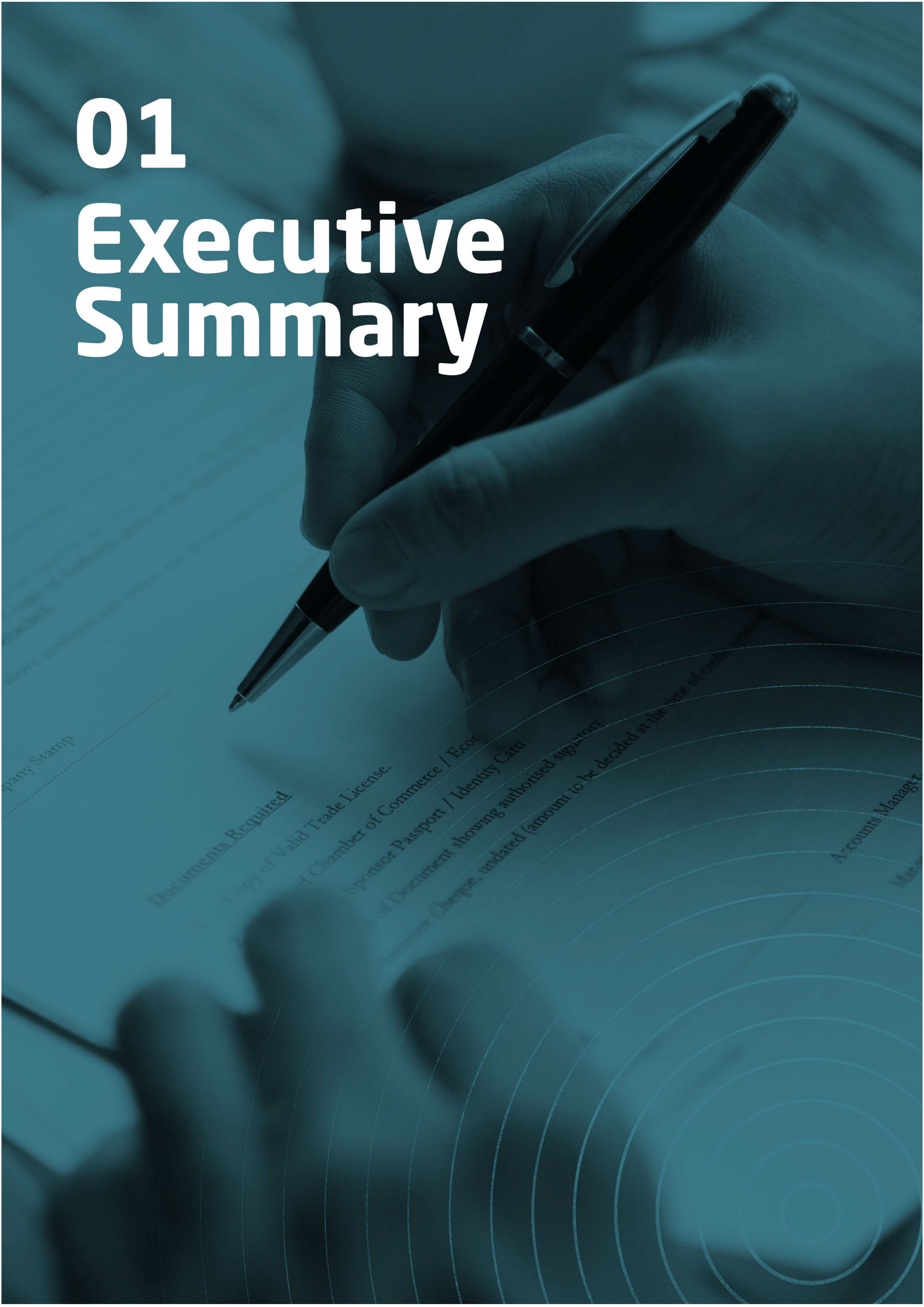
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01 Executive Summary



Executive Summary

Section One: Introduction

Syria did not play a significant role in the manufacturing and cultivation of narcotic substances[1] before the war (before 2011). Still, it was a corridor for these substances coming from Afghanistan, Iran, and Lebanon to the Arab Gulf countries. The use of Captagon pills in Syria spread among fighters after 2011, as the Captagon gives abusers a sense of courage and ecstasy, which helps them survive on the battlefronts. However, that was not the main reason for the high spread of substance abuse and trafficking. The Syrian regime[2] and militias loyal to it are the most involved in the production and trade of narcotic substances, primarily since the areas of cultivation and manufacture of these substances are, as known to all, within the areas of the regime's control and the militias loyal to it. Key informants confirmed that regime forces and pro-regime militias heavily guard these locations. All exports of such substances are made through the regime's seaports and land border crossings. Published reports indicated that all shipments of narcotic substances seized in many countries, of which Syria was the origin, carried a legal cover from the regime's Import and Export Directorate. Through the trade in narcotic substances, the regime has been able to form cells affiliated with it in areas outside its control. These cells obtain military and intelligence information from members of military factions who use narcotic substances. The information shows that all the drug promotion networks arrested are linked to the regime's Military Intelligence and provided it with periodic reports. After the regime became unable to finance the militias loyal to it, it started turning a blind eye to the illegal actions of this militia in the cultivation and manufacture of narcotic substances on the pretext of obtaining funds from this trade to cover the costs of its fighters. This increased the number of entities affiliated with the regime that cultivate, manufacture, and trade narcotic substances. On 7 October 2021, the International Criminal Police (Interpol) reintegrated the Syrian Regime Government into its system to facilitate the exchange of information, which had been suspended since the suspension of the membership of the Syrian Regime in 2012.

Section Two: Methodology

To conduct this study, a representative population sample was relied on due to the lack of centers that have reliable information about substance abuse and its spread in Syria and because the study focuses on the community awareness of the spread of substance abuse and its attitude towards abusers. The study covered 359 cities and towns and 196 camps. Criteria were set for targeting five communities in each sub-district, including the sub-district centers and four communities in which the use of narcotic substances is expected to be widespread. The study was also conducted in 5 camps from each cluster. Surveys were conducted with males and females above 15 years of age. The interviews included persons from various educational and professional backgrounds in terms of displacement and marital status. Hope Revival Organization and several experts participated in drafting the survey on the spread of narcotic substances in Syria. IMU conducted online training for its enumerators using the Zoom application. Training the enumerators lasted for one day

[1] https://jusoor.co/content_images/users/5/contents/1677.pdf
[2] Assad Regime Implicated in Massive Captagon Bust (occrp.org)

Section Three: General Information

The study was conducted in 555 communities, including 196 IDP camps and 359 cities and towns. The enumerators conducted surveys with 3,070 respondents, 31% (950 females) of whom were females. Of the total respondents, 78% (2,382 persons) were married, 16% (493 persons) were single, 4% (135 persons) were widows/ widowers, and 2% (60 persons) were divorced. The number of persons with disabilities reached 110 respondents, constituting 4% of the total number of respondents. Regarding the educational level, 15% (466) of the total respondents were uneducated (illiterate), 41% (1,244 individuals) had a high school diploma or lower, 18% (563 persons) had an intermediate college degree, 24% (746 persons) had a university degree, and 2% (51 persons) had a postgraduate degree (diploma - master's - doctoral). The study found that 25% (759 persons) of the respondents were unemployed, of whom 339 did not have any profession or craftsmanship (45% of the unemployed respondents do not have any profession).

Section Four: Spread of Narcotic Substances

The study found that 2% (56 persons) of respondents believe that narcotic substances are spreading in large quantities in their areas, which means more than 20% of the population use them. According to 7% (220 respondents), narcotic substances spread in large quantities in their areas, meaning that 10-20% of the population uses them. According to 23% (698 respondents), narcotic substances are spread in small quantities in their areas, which means that 5-10% of the population uses them. 51% (1,579 respondents) believe that narcotic substances are spreading in tiny quantities in their areas, meaning less than 5% of the population uses them.

26% (788 respondents) of respondents reported that the spread of narcotic substances has become a severe phenomenon and requires the concerted efforts of everyone in society to deal with it. 24% (733 respondents) reported that it is a widespread phenomenon but not a very serious one. 24% (739 persons) also confirmed the widespread use of some fuels such as gasoline and other chemicals (glue) as one of the methods of drug abuse.

57% (1,498 persons) of the respondents believe that synthetic narcotic substances are the most widespread in northern Syria, 23% (607 persons) believe that synthetic and natural substances have the exact spread, and 14% (366 individuals) believe that natural narcotic substances are spreading more.

The results showed that 46% of the narcotic substances are purchased through acquaintances secretly, 20% are bought from unlicensed pharmacies or drug traders, 13% are purchased directly from drug dealers and promoters, 13% are bought from licensed pharmacies, and 9% are purchased through social media platforms.

Section Five: Sources of Narcotic Substances

Natural Narcotic substances: The respondents thought that 32% of the natural narcotic substances were found to come from the regime-controlled areas, 24% came from eastern Syria controlled by the so-called Syrian Democratic Forces (SDF), 15% came from areas controlled by Iranian militias and pro-regime Hezbollah, 13% come from northern Aleppo countryside controlled by the opposition, 9% come from Idlib province in northwestern Syria controlled by the opposition, and 5% come from the neighboring state of Iraq.

Synthetic Narcotic substances: The respondents thought that 35% of synthetic narcotic substances come from regime-controlled areas, 22% from eastern Syria controlled by the SDF, 15% from areas controlled by Iranian militias and pro-regime Hezbollah, 13% from the northern countryside of Aleppo controlled by the opposition, 7% from Idlib province in northwestern Syria controlled by the opposition, and 7% from the neighboring state of Iraq.

Section Six: Categories of Substance Abusers

The study shows that 22% (541 respondents) of the respondents reported that they know people who use narcotic substances permanently and are addicted to them. This figure indicates a high spread of drug addicts in the community. 14% (344 respondents) reported knowing people who use narcotic substances occasionally at celebrations. 20% (488 respondents) reported that they knew people who had used narcotic substances once in the past on a trial basis. Seven respondents reported that they knew people who used narcotic substances to treat certain diseases.

Research results show that more males use narcotic substances than females. To varying degrees, the percentage of males who use narcotic substances accounted for 25% of all males interviewed, while the percentage of females was only 9%. Also, 52% of people who use narcotic substances permanently and cannot stop using them are between the ages of 18-30 years, 34% are between the ages of 31-40 years, 7% are between the ages of 41-50 years, and 7% are above 50 years of age.

The study found that 66% of people who use narcotic substances permanently and cannot stop are uneducated, and 28% have only a high school diploma or less. It was found that unemployed people use narcotic substances more than working people, as it was found that 4% of unemployed people use narcotic substances permanently and cannot stop. In comparison, only 1% of working people use narcotic substances permanently and cannot stop. 5% of unemployed people use narcotic substances occasionally, while 4% of employed people use narcotic substances occasionally.

Regarding the professions of the people who use narcotic substances, it was found that fighters in the military factions are at the forefront of people who use narcotic substances at 17% of the overall number of people who use narcotic substances, 10% are unemployed young people between the ages of 18-25 years, 10% are uneducated adolescents between 15-18 years of age, and 8% are unemployed adults over of 25 years of age.

Section Seven: Reasons and Effects of the Spread of Narcotic Substances

The respondents think that 18% of drug abusers resort to using narcotic substances to forget the difficult reality they live, 17% use them because of the deterioration of the situation and the lack of job opportunities, and 14% start using them on a trial basis to develop later and use narcotic substances occasionally, and then to lead to addiction. 13% use narcotic substances because of the lack of awareness of the seriousness of these substances. 12% use narcotic substances because of war injuries and the resulting pain. The disabilities resulting from the war and the lack of mechanisms to integrate people with disabilities into society by helping them to adapt to disability lead to their use of narcotic substances. 9% use narcotic substances due to social and family disintegration, making adolescents particularly vulnerable to trying narcotic substances.

Regarding the psychological and social impacts of the spread of narcotic substances, respondents stressed that family disintegration constitutes 16% of the social and psychological effects of the spread of narcotic substances. Family violence constitutes 13% of these impacts. The rise in violence from addicts against ordinary people constitutes 13% of the impact, the increase in divorce cases constitutes 13% of the impact, and the disintegration of society constitutes 12% of the impact.

Regarding the economic impact of the spread of narcotic substances, the respondents stressed that the number of people borrowing to buy narcotics constitutes 32% of the economic effects of the spread of narcotic substances and that the unemployment rate is caused by drug addiction constitutes 24% of these effects. The dependence of addicts on painkillers and narcotic substances with an anesthetic effect, which led to the loss of these medicines and increased patients' need for them, constitutes 24% of the economic impact of the spread of narcotic substances. The high percentage of homeless people due to abuse accounts for 24% of these impacts.

Section Eight: Addressing the spread of Narcotic Substances and the Attitude towards their Users

The study found that 20% of the respondents reported the need to establish a mechanism to prosecute drug dealers and implement effective control over the eliciting medicine with a narcotic effect in licensed pharmacies and close unlicensed pharmacies that elicit medicines without prescriptions from a competent and accredited authority. 9% of respondents reported the need to support livelihoods, provide more job opportunities and improve living conditions to reduce the spread of drug use. 33% of respondents reported the need to conduct awareness campaigns on the dangers of narcotic substances. 12% of the respondents reported the need to provide psychological and physical treatment to addicts, including residential clinics and rehabilitation programs. 5% of respondents reported the need to shelter homeless people, especially children, as they are more vulnerable to substance use and addiction than others.

Only 2% (68 respondents) reported that treatment centers for addicts are available and effective. In the rest of the areas where there are no centers for the treatment of addicts, 35% (445 respondents) of the respondents reported that the authorities arrest addicts for narcotic substances. 45% (1,012 respondents) reported that addicts are not treated and only ostracized. 20% (445 respondents) reported not knowing what mechanism to deal with addicts.

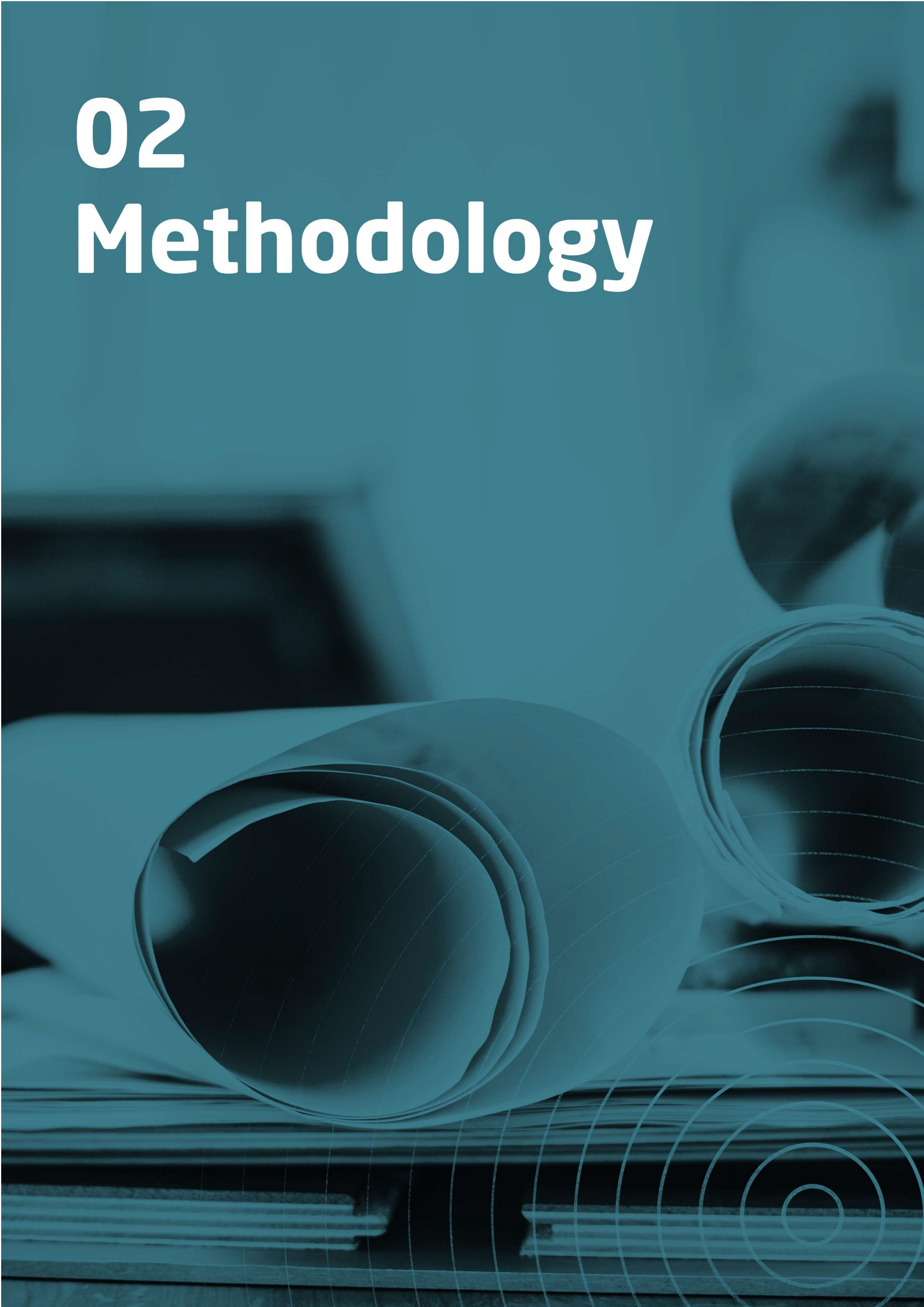
About awareness campaigns on the dangers of using narcotic substances, 74% (2,270 respondents) of the respondents reported the absence of such campaigns. 14% (423 respondents) reported that there were awareness campaigns, but they were ineffective. Only 2% (76 respondents) reported the existence of campaigns to raise awareness of the dangers of the use of narcotic substances and confirmed that these campaigns are effective.

Section Nine: Recommendations

Based on the findings, the study recommends the following to address the problem of substance abuse:

- Improve the population's living conditions and provide them with appropriate employment opportunities to protect them from drug addiction and from engaging in the production or trafficking of narcotic substances.
- The study stresses the need to provide awareness campaigns on the dangers of narcotic substances. All official and community bodies and influential persons in society should participate in these campaigns. Such campaigns should include schools and cultural events, with the participation of imams of mosques. It is also important to provide posters and leaflets that illustrate the dangers of substance abuse.
- Centers for treating addiction to narcotic substance use should be provided. Psychological support and follow-up programs should be provided for those recovering from drug abuse to prevent relapses.
- Effective control over the functioning of licensed pharmacies and mechanisms for dispensing medicines should be put in place, and all unlicensed pharmacies should be closed. Unlicensed medicine traders pursued to control the eliciting narcotic substances.
- The report stresses the need to empower the local authorities to report to competent entities to prosecute drug dealers and control checkpoints to prevent the entry of narcotic substances from regime-controlled or other areas.
- The competent entities should be trained to distinguish between users of narcotic substances who are considered sick and in need of treatment and drug dealers who should be prosecuted.
- There is a need to provide sports and social activities to fill young people's leisure time and protect them from engaging in substance use.

02
Methodology



Second: The methodology

1. Assessment Sample

To conduct this study, a representative sample of the population was relied on due to the lack of reliable information on substance abuse and its spread in Syria and because the study focuses on the community awareness of the spread of substance abuse and attitude towards abusers. The study covered 359 cities and towns and 196 camps. Criteria have been set to target five communities in each sub-district, including sub-district centers and four communities where the use of narcotic substances is expected to be widespread. The study was also conducted in 5 camps in each community, where 5-6 surveys were conducted with males and females over 15. The number of interviews between IDPs and host community members was determined based on the proportion of IDPs to host community residents in each population. The number of interviews with IDPs in communities with large numbers of IDPs increases. Enumerators tried to reach equal numbers of interviews with males and females. However, interviewing females, especially these susceptible subjects in the Syrian community, was a barrier. The enumerators conducted surveys with 3,070 respondents, 31% (950 females) of whom were females.

The enumerators also tried to reach different age groups of respondents. The most significant percentage of respondents ranged between 31-40 years of age, and their percentage reached 40% (1,229 individuals) of the total respondents. The interviews also covered different marital statuses. Of the total respondents, 78% (2,382 persons) were married, 16% (493 persons) were single, 4% (135 persons) were widows/widowers, and 2% (60 persons) were divorced. Respondents with disabilities constituted 4% (110 respondents) of the respondents interviewed. Interviews also included persons with different degrees of education working in other professions.

Table 1. Information on Communities and Interviews

Region		Town/ city	Camp	Number of interviews	Number of females	Number of males
Eastern Syria	Al-Hasakeh	77		459	175	284
	Ar-Raqqa	18		120	55	65
	Deir Ezzour	32	3	178	41	137
	Eastern countryside of Aleppo	34		150	64	86
Western Syria	Idlib	99	148	1,386	418	968
	Ras al-Ain and Tal Abyad	20		122	18	104
	The northern countryside of Aleppo	44	37	415	108	307
	Afrin	35	8	240	71	169
Total		**359**	**196**	**3,070**	**950**	**2,120**

2. Assessment tools

The study relied on quantitative and qualitative data through conducting 3,070 surveys. It also relied on secondary data as supporting references. Drafting and revising the assessment tools went through several stages:

Stage 1: IMU developed a preliminary draft of the survey covering a wide range of indicators of substance abuse and addiction in terms of the degree of spread of narcotic substances, the most widely spread types of narcotic substances, sources of narcotic substances, groups of drug abusers, the psychological, social and economic impacts of the spread of narcotic substances, and the mechanisms for dealing with the spread of narcotic substances and the effectiveness of these mechanisms.

Stage 2: IMU shared the initial draft of the survey with Hope Revival Organization, which is specialized in MHPSS, to add suggestions to the survey. IMU accepted all suggestions for the tools. IMU also shared the survey with several experts on the spread of narcotic substances inside Syria to obtain their recommendations.

Stage 3: The assessment tools used in this study were implemented and tested. The IMU enumerators were assigned to complete the survey electronically to test the results. IMU officers received the data sample from the enumerators, introduced some limitations, and conducted a comprehensive review of the survey.

3. Training of Enumerators

IMU conducted online training for its enumerators on 16 December 2021 using Zoom. The training of enumerators took two consecutive days. 101 enumerators were trained and participated in the data collection process. The training sessions were recorded and sent to the enumerators as a reference in case they needed to review any of the information presented during the training. The network coordinators received feedback from the enumerators about the survey and informed the data officers to apply this feedback before starting the data collection.

4. Data Analysis and Management

The enumerators completed the surveys electronically using Kobo toolbox software by conducting face-to-face interviews with respondents. The network coordinators followed up the receipt of electronic data for the study and integrated the shared data into a database on Excel. Information management officers cleaned and verified data to find extreme and missing values and correct or update them in conjunction with data collection. After data cleaning was over, the information team started displaying the data and creating tables and graphs. Software and tools such as Dax, Query Editor, ArcGIS, Adobe Illustrator, Adobe InDesign, and Adobe Photoshop were used to visualize the collected data. The first draft of the report was written in Arabic and later translated into English, noting that the report, in its two languages, was drafted taking quality assurance standards into account in preparation and content, both internally and externally.

5. Timeline

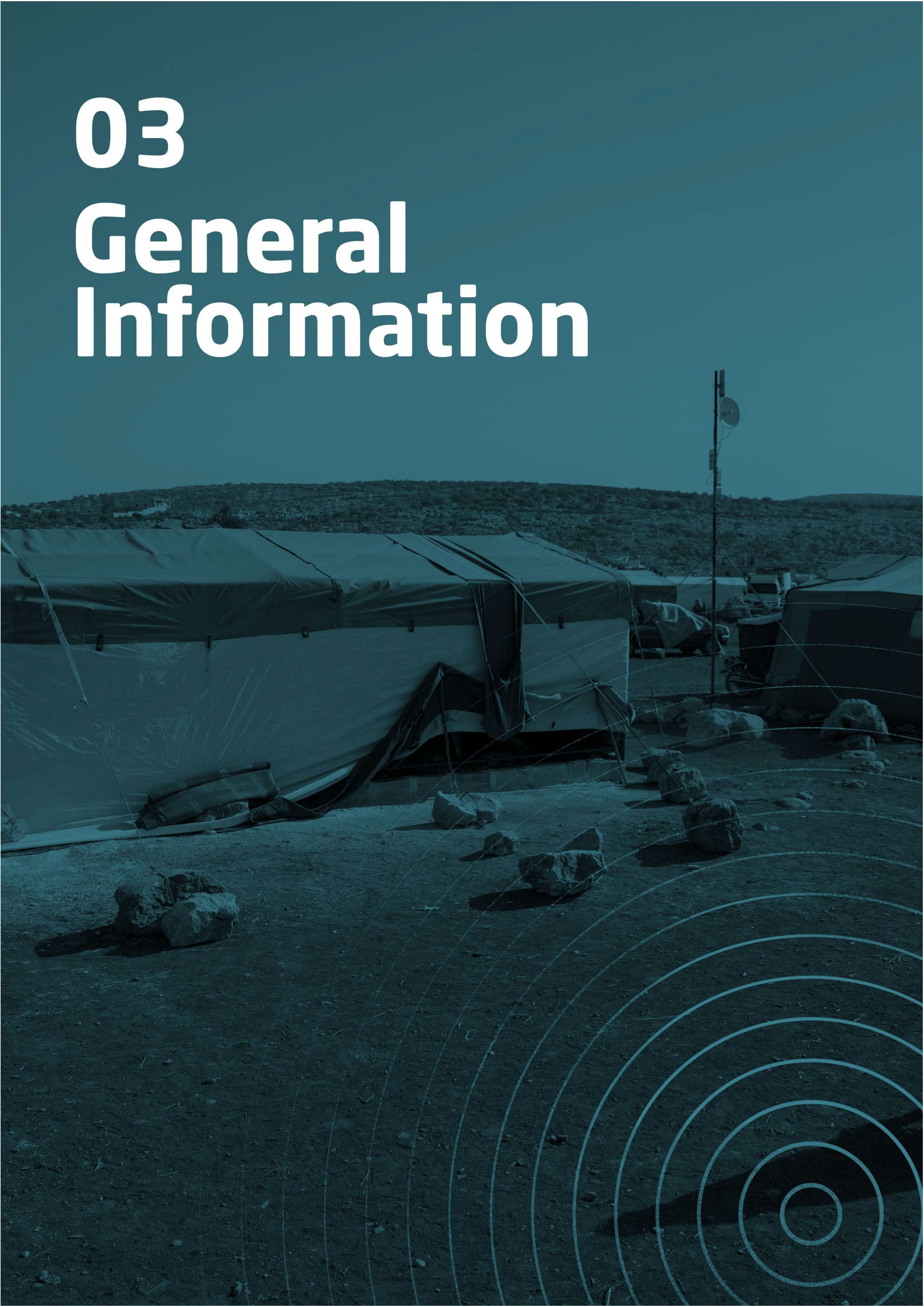
Work on this report started by the end of November 2021. The survey was drafted and shared with partners to be reviewed and add suggestions to it. IMU applied all suggestions to the survey, network coordinators trained the enumerators, and data collection started on 19 December 2021 and ended on 28 December 2021. The data and analysis officers then started to extract the extreme and missing values, and they reviewed them with the enumerators to begin the analysis process. In conjunction with the analysis process, the maps of the report were produced to start the process of drafting the report in Arabic and then translated into English. The process of designing the report was then initiated, and the final version was released in March 2022.

6. Difficulties and Challenges

During the data collection process, the enumerators encountered several difficulties. Immediately, the appropriate solutions to these difficulties were found through the communication of field enumerators with the coordinators in Turkey. Most of the solutions were applied directly to maintain the smooth running of the work. Among the most critical difficulties are the following:

- Lack of data on the spread of drug abuse due to the scarcity of treatment centers for addicts in Syria and the absence of any entity with data on drug trafficking crimes. The enumerators were directed to visit several doctors and pharmacists who have knowledge about the spread of substance abuse. The enumerators also relied on their acquaintances of key informants.
- Female respondents were challenging to reach due to the high sensitivity of the topic. Enumerators were instructed to interview females where possible and agree to conduct the interviews.
- In Syrian society, drug users are stigmatized. Therefore, respondents resort to hiding their drug use or non-disclosure if one of their relatives is a drug user, so the study avoided asking direct questions to respondents.

03
General Information

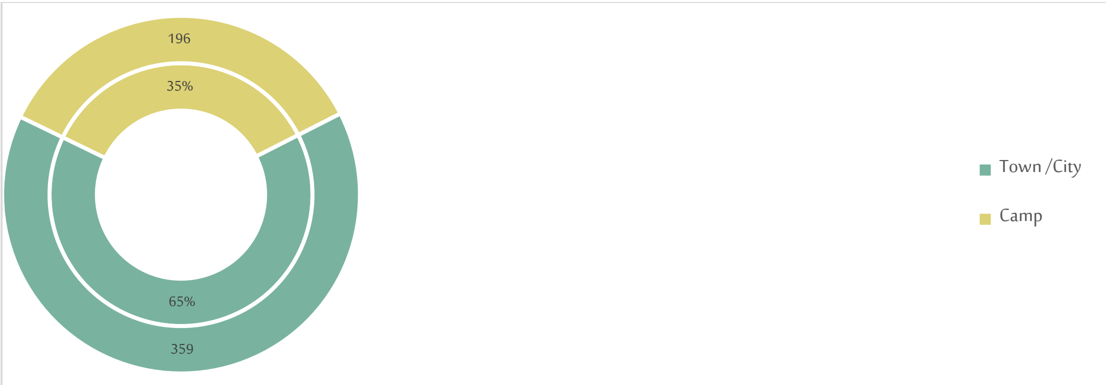


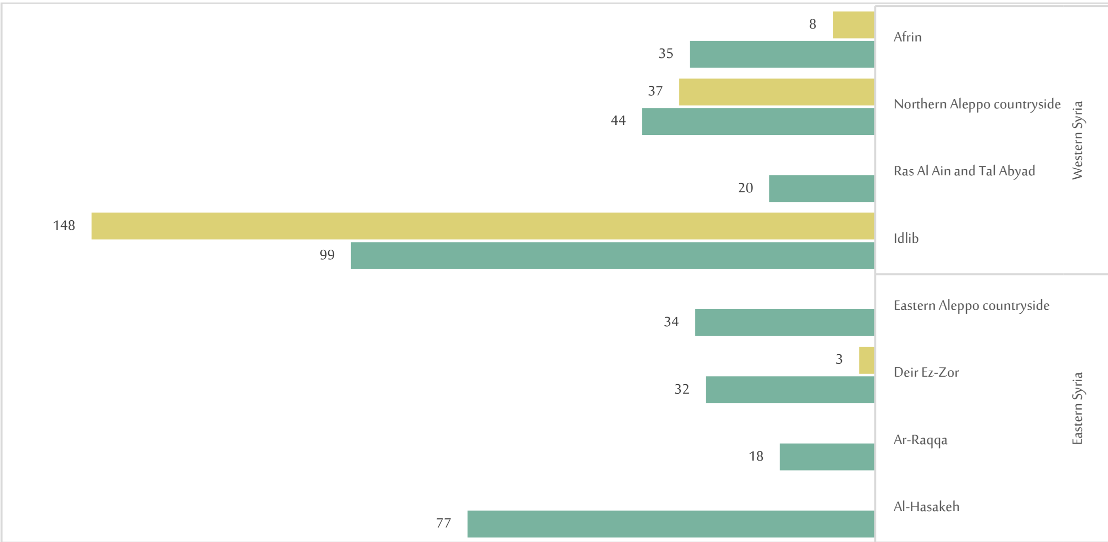
Third: General Information

1. Communities covered by the study

The study was conducted in 555 communities, including 196 IDP camps and 359 cities and towns. The enumerators attempted to visit camps where access to these camps is possible. The most significant number of camps surveyed were in Idlib governorate, with 148 camps. The study was conducted in only three camps in Deir ez-Zor governorate because few camps exist. It is worth mentioning that there are several camps in Al-Hasakeh Governorate, but the study did not include these camps due to a lack of access to conduct interviews there.

Figure 1. Number/ percentage of communities covered by the study

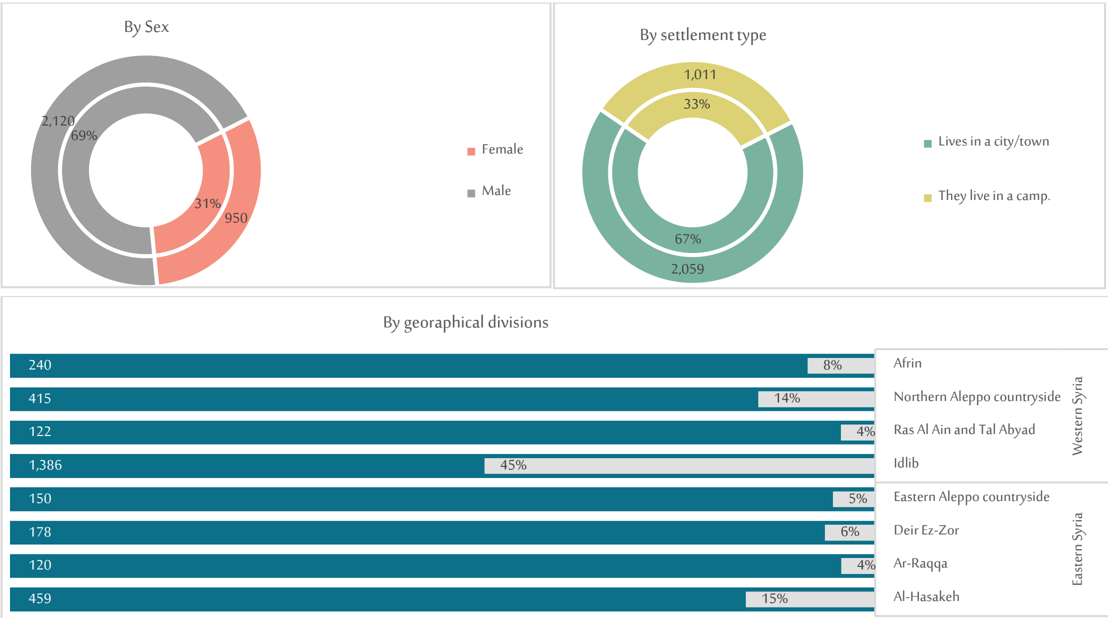




2. Gender and Places of Residence of Respondents

The enumerators conducted surveys with 3,070 respondents, 31% (950 females) of whom were females. 33% (1,011 persons) of the respondents live in the camps, while 67% (2,059 persons) live in the cities and towns covered by the study.

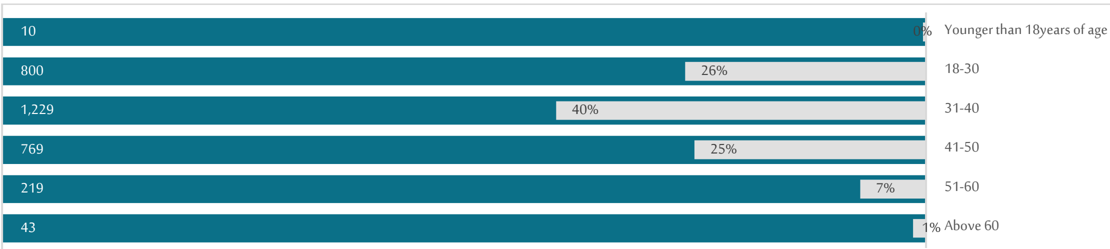
Figure 2. Number/ percentage of surveys



3. Age and marital status of the Respondents

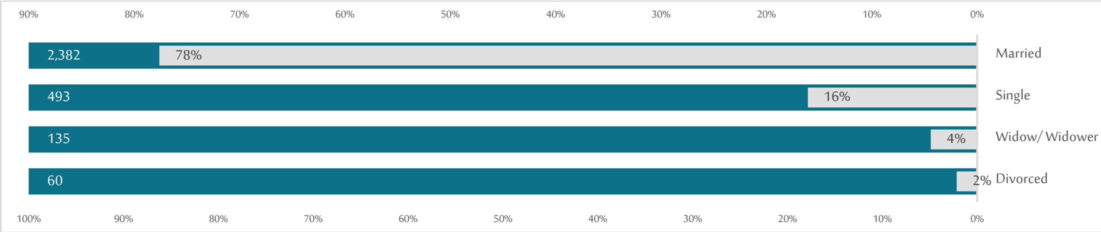
The number of respondents under 18 years of age was only 10 persons, while the largest percentage of respondents ranged between 31-40 years of age and reached 40% (1,229 persons) of the total respondents. The number of respondents who were over 60 years of age was 43.

Figure 3. Number/ percentage of respondents by age



Of the total respondents, 78% (2,382 persons) were married, 16% (493 persons) were single, 4% (135 persons) were widows / widowers, and 2% (60 persons) were divorced.

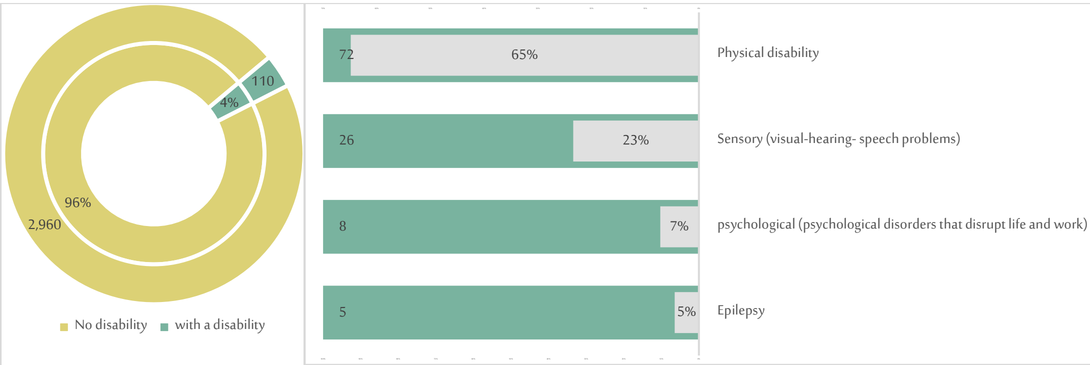
Figure 4. Number/ percentage of respondents by their marital status



4. Respondents with disabilities

The number of persons with disabilities reached 110 respondents, constituting 4% of the total number of respondents. Access to respondents with disabilities was difficult, but the enumerators were directed to conduct interviews with people with disabilities were possible and after expressing their desire to participate in the study. 65% (72 respondents) of the disabled respondents had a physical disability, 23% (26 respondents) suffered from a sensory (visual-hearing- speech) disability, and 7% (8 respondents) suffered from psychological disorders that disrupt life and work.

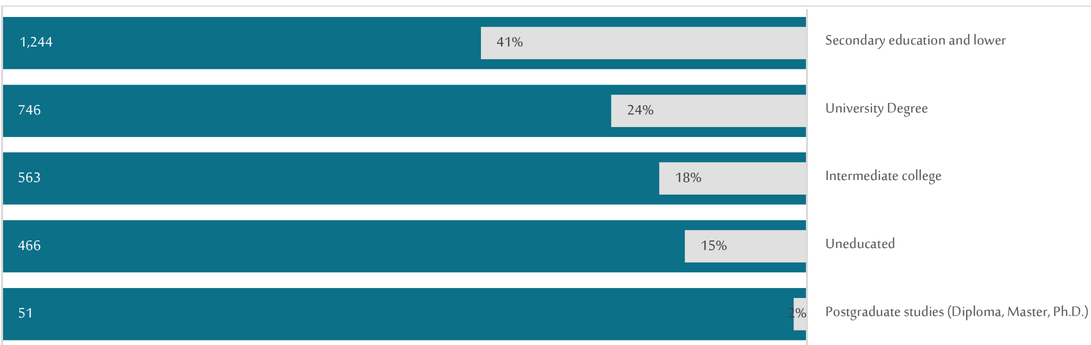
Figure 5. Number/ percentage of respondents with disabilities



5. Education level of respondents

The enumerators asked the respondents about their education level. It was found that 15% (466) of the total respondents were uneducated (illiterate), 41% (1,244 persons) had a high school diploma or lower, 18% (563 persons) had an intermediate college degree, 24% (746 persons) had a university degree, and 2% (51 persons) had a postgraduate degree (diploma, master's, Ph.D.).

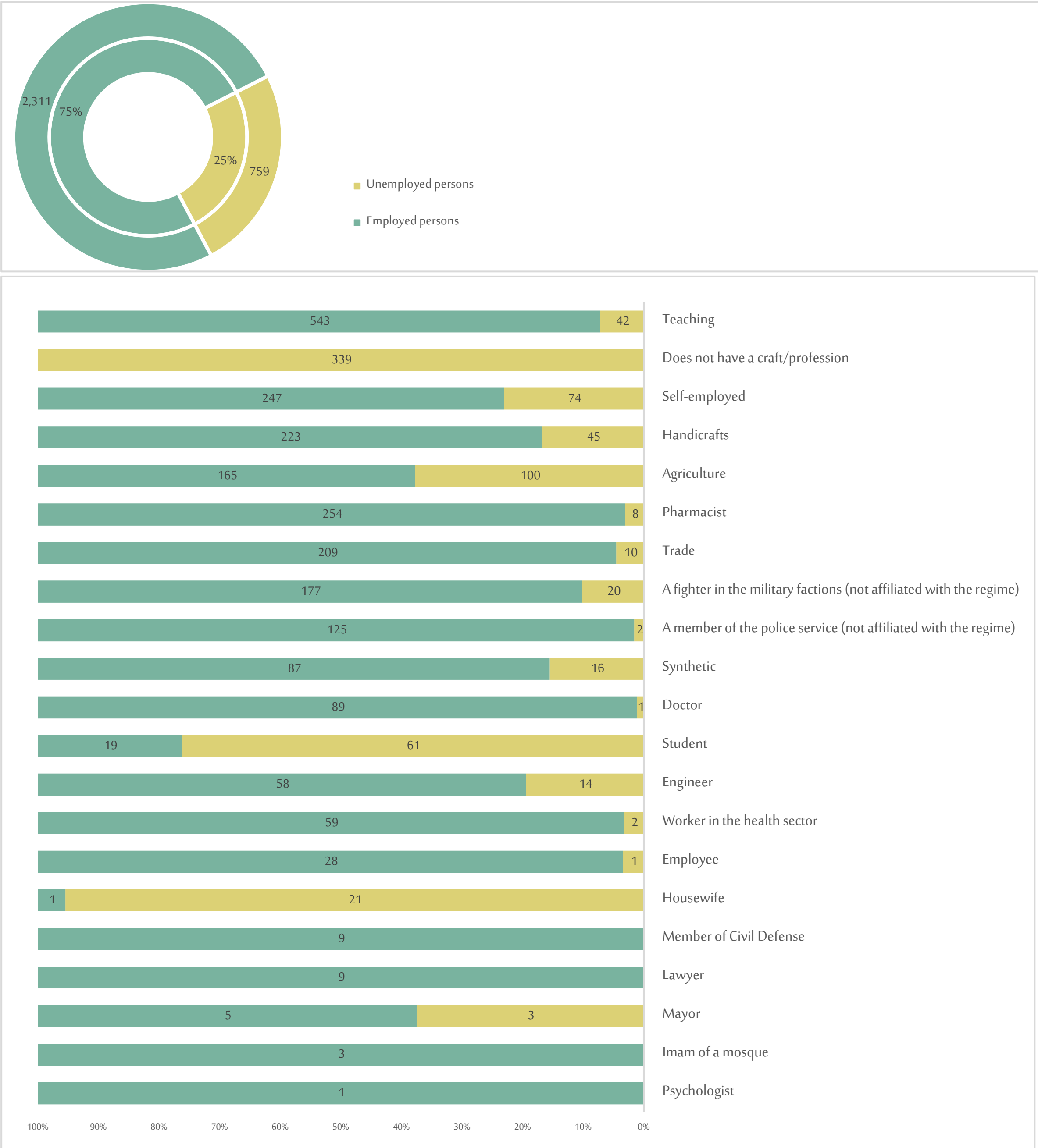
Figure 6. Number/ percentage of respondents by their educational degree



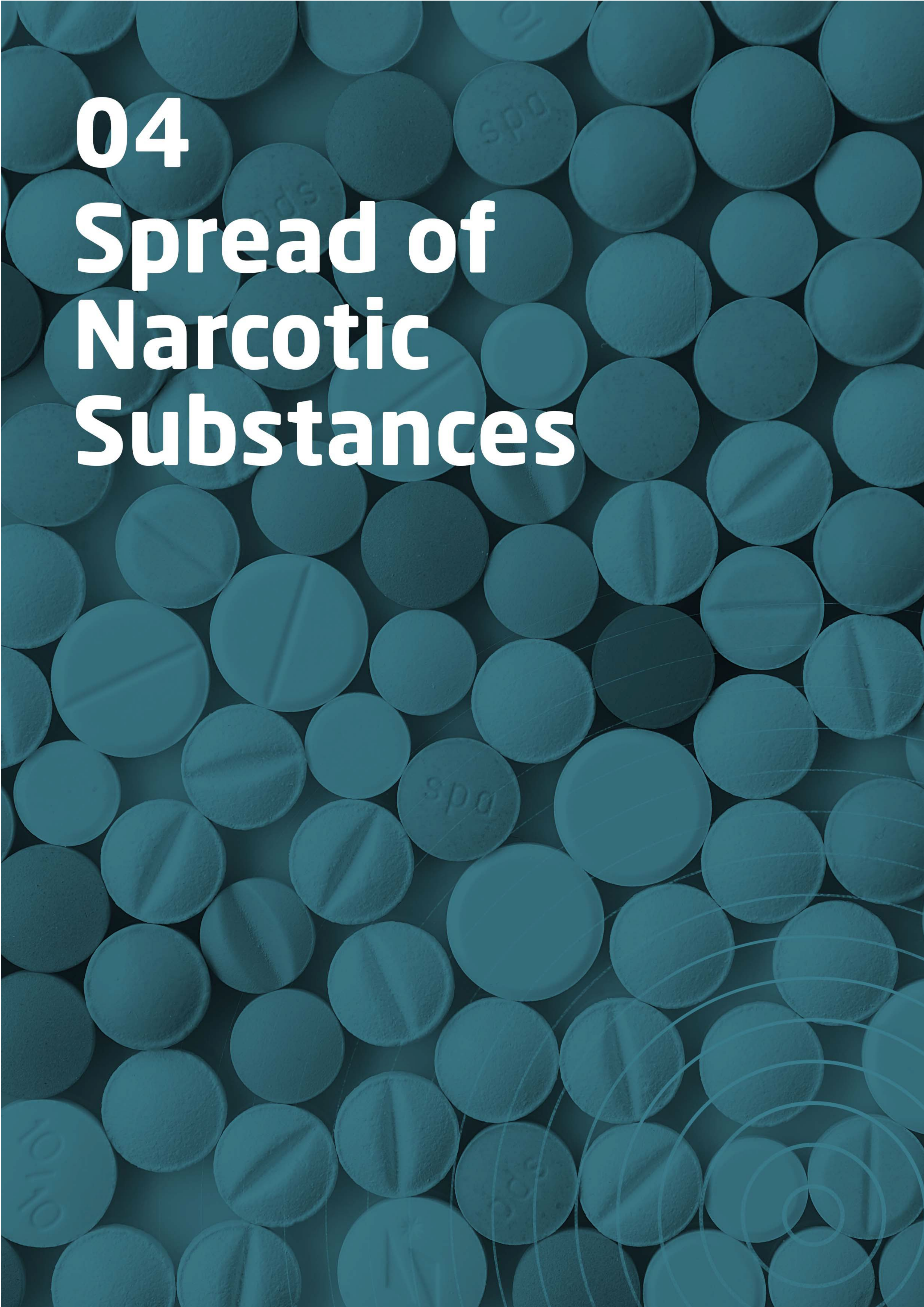
6. Occupations of the respondents and unemployment

The enumerators asked the respondents about their professions and whether they had job opportunities or were unemployed. The study found that 25% (759 persons) of the respondents were unemployed, of whom 339 did not have any profession or crafts (45% of the respondents do not have any professions). 95% of housewives were unemployed, 76% (61 students) of the students were unemployed, and 38% (100 farmers) of the farmers were unemployed. 23% (74 persons) of the self-employed are unemployed.

Figure 7. Number/ percentage of respondents by their profession and availability of job opportunities



04
Spread of Narcotic Substances

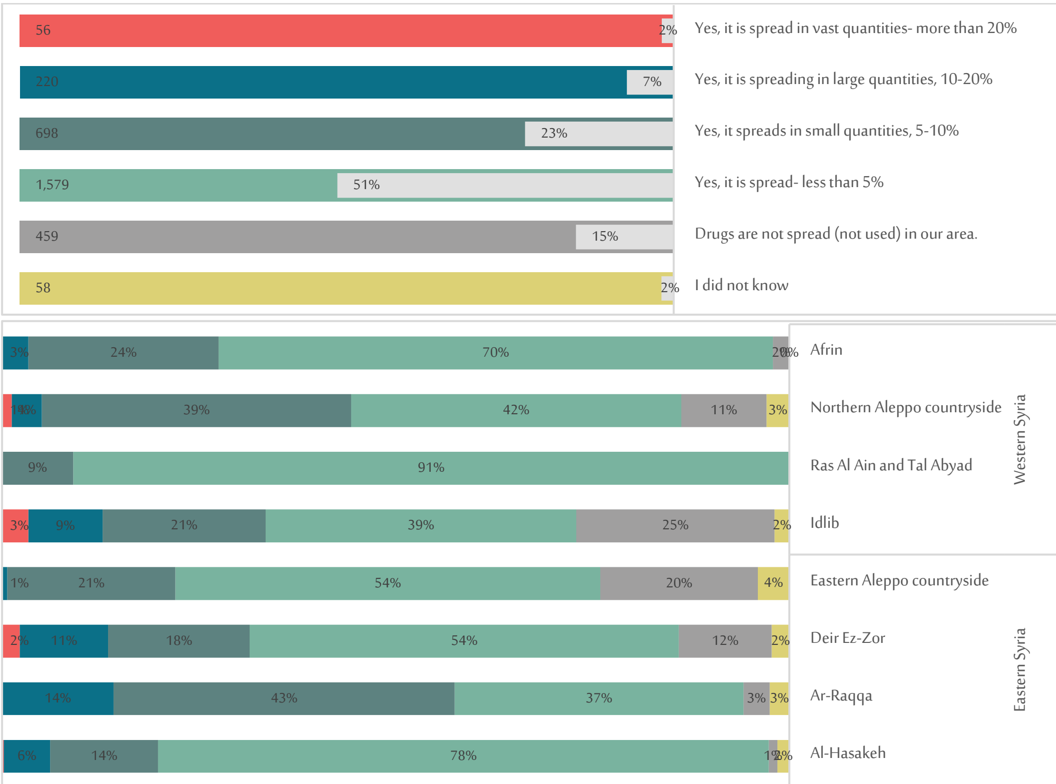


Fourth. Spread of Narcotic Substances

1. The degree of spread of narcotic substances

The enumerators asked respondents about the spread of narcotic substances in their areas. It was found that 2% (56 persons) of respondents believe that narcotic substances are spread in very large quantities in their areas, which means that more than 20% of the population use narcotic substances. According to 7% (220 respondents), narcotic substances spread in large quantities in their areas, meaning that 10-20% of the population use them. According to 23% (698 respondents), narcotic substances are spread in small quantities in their areas, which means that 5-10% of the population uses them. 51% (1,579 respondents) believe that narcotic substances are spreading in tiny quantities in their areas, which means that less than 5% of the population uses them. 15% (459 respondents) believe that narcotic substances are not spread in their areas.

Figure 8. Number/ percentage of respondents by their views on the degree of spread of narcotic substances



The enumerators asked the respondents whether they considered that substance abuse was still limited (below the risk line) and not widely spread or had it become a severe and increasing phenomenon. 26% (788 respondents) of the respondents reported that the spread of narcotic substances had become a severe phenomenon and required the concerted efforts of everyone in society to deal with it. 24% (733 respondents) reported that it is a widely spread phenomenon but not a very serious one. At the same time, 47% (1,439 respondents) said that the spread of drug abuse is still limited and not widely spread, and that this phenomenon is still below the danger line.

Map 1. Percentage of drug spread at sub-district level

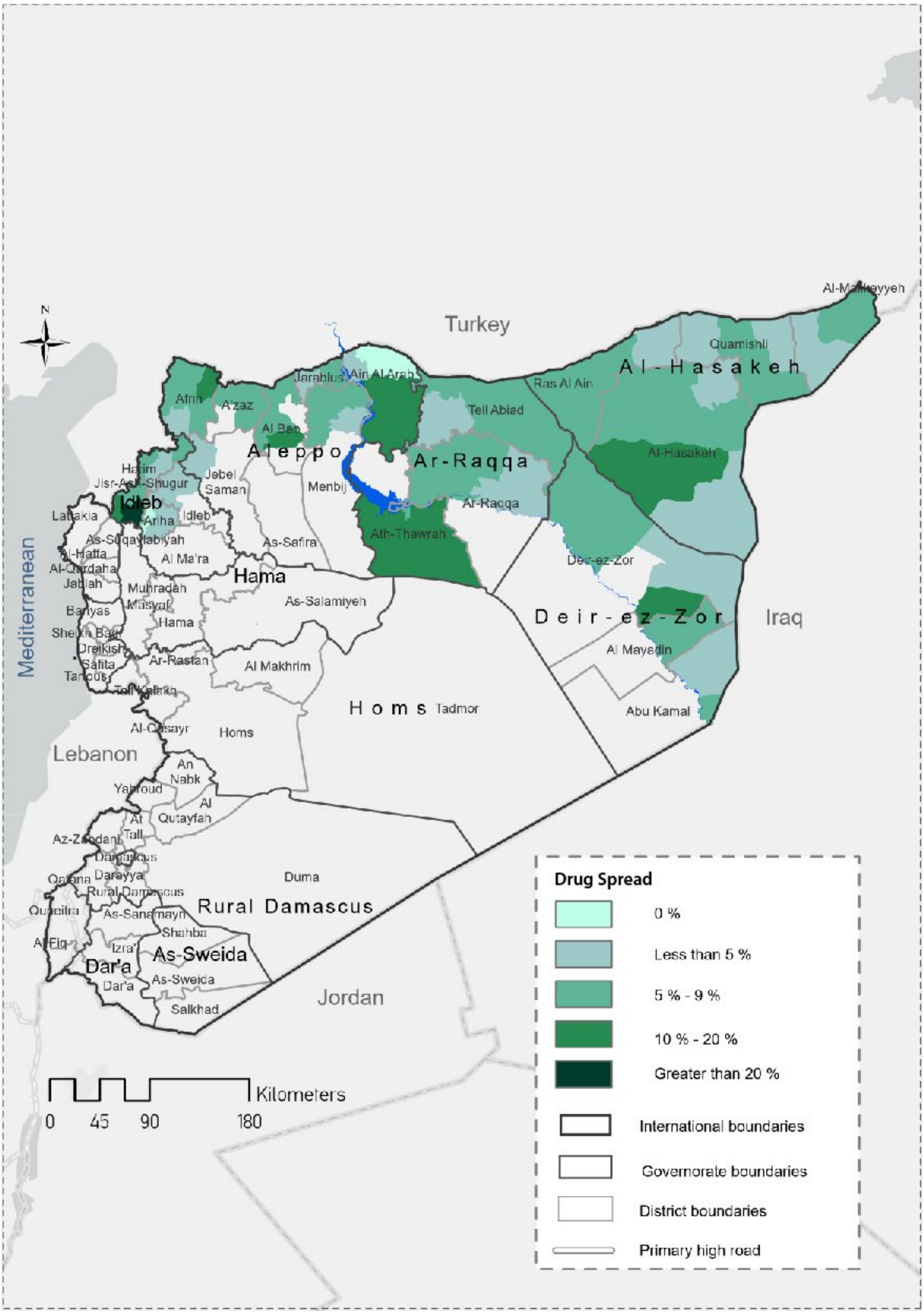
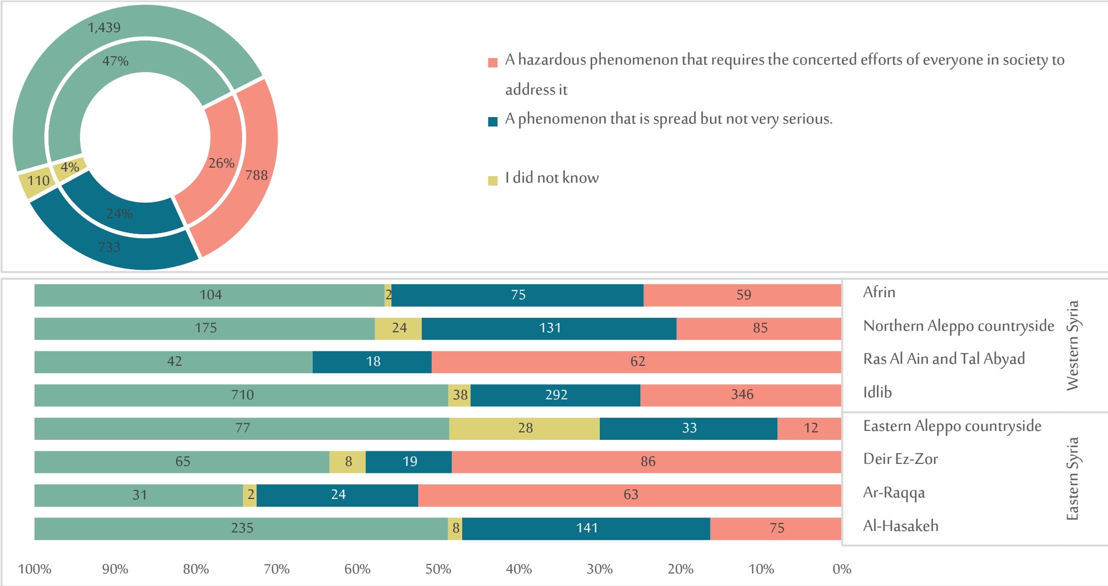
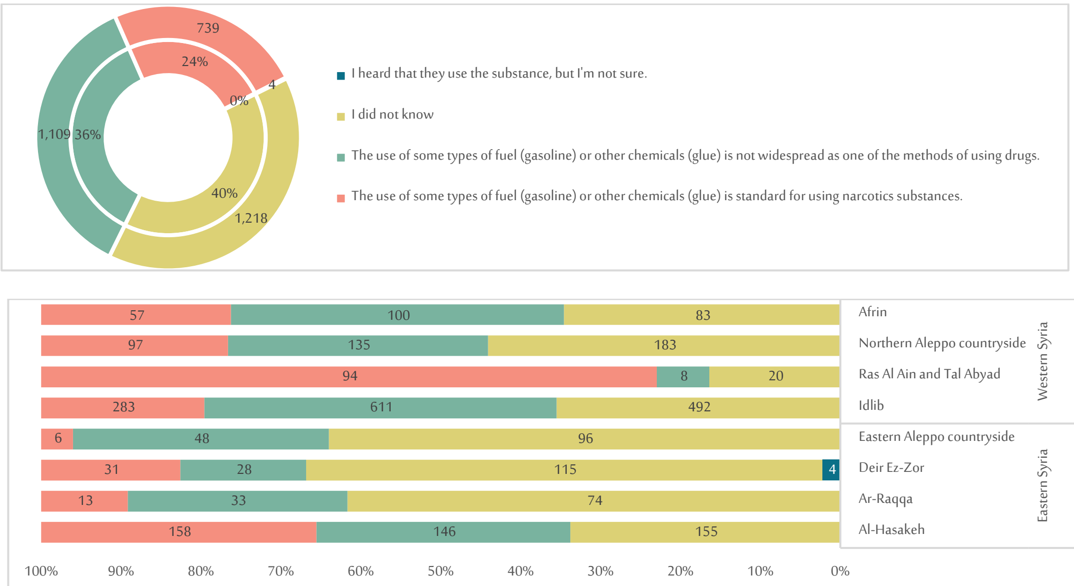


Figure 9. Number/ Percentage of respondents according to their views on the risk of spread of narcotic substances



The study results show that 24% (739 persons) confirmed the widespread use of some fuels such as gasoline and other chemicals (glue) as one of the methods of drug abuse.

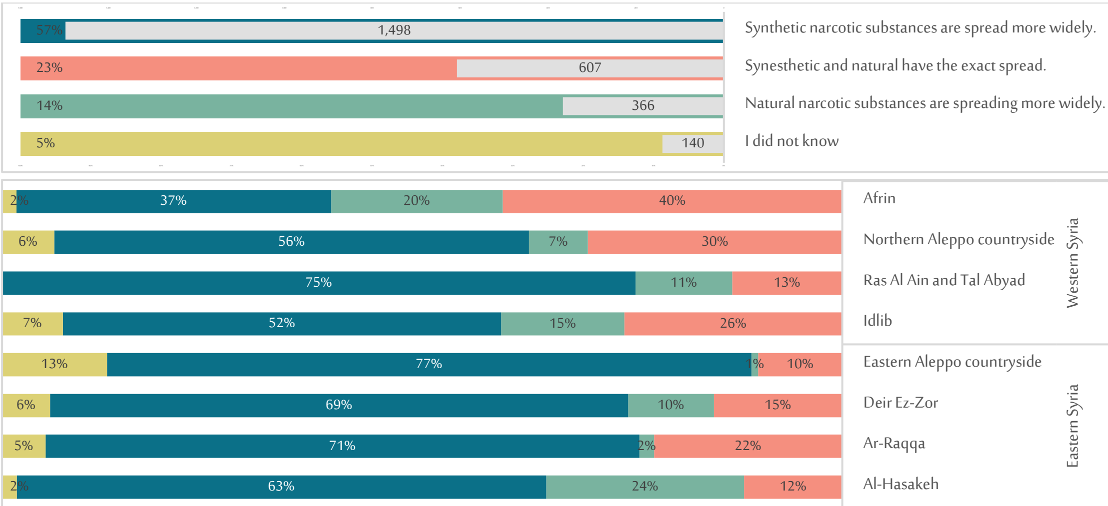
Figure 10. Number/percentage of respondents by their knowledge of addiction to inhalation of fuel products



2. Types of the most spread narcotic substances

57% (1,498 persons) of the respondents believe that synthetic narcotic substances are the most spread in northern Syria, 23% (607 persons) believe that synthetic and natural substances have the exact spread, and 14% (366 individuals) believe that natural narcotic substances are spreading more. 5% (140 individuals) do not know which substances are most spread.

Figure 11. Number/ percentage of respondents according to their views on the most spread types of narcotic substances



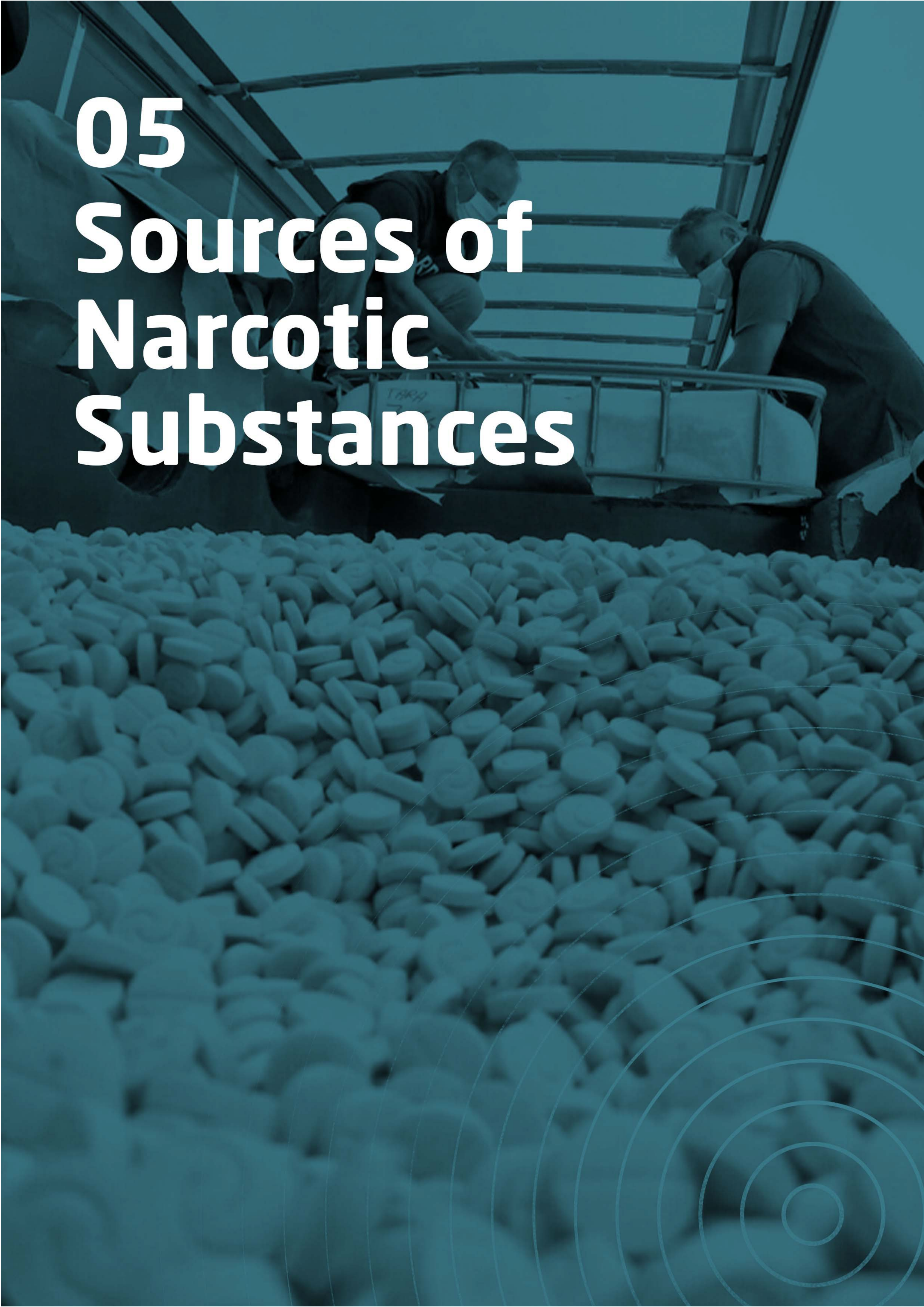
3. Mechanisms for the spread of narcotic substances

The enumerators asked the respondents about the mechanisms of the spread of narcotic substances according to their percentage through the interviews. The results showed that 46% of the narcotic substances are purchased through acquaintances secretly, as the drug dealers are not known to everyone or are known, but not everyone can reach them (they do not have their residence address or contact numbers). 20% of the narcotic substances are purchased from unlicensed pharmacies or drug dealers. In this case, the narcotic substances are drugs and narcotic medicines dispensed without prescriptions. 13% of narcotic substances are purchased directly from drug dealers, as drug dealers are known persons. 13% of the narcotic substances are bought from licensed pharmacies, in which case the narcotic substances drugs and narcotic medicines are dispensed without prescriptions. 9% are purchased through social media.

Figure 12. Percentage of mechanisms for the spread of narcotic substances



05 Sources of Narcotic Substances

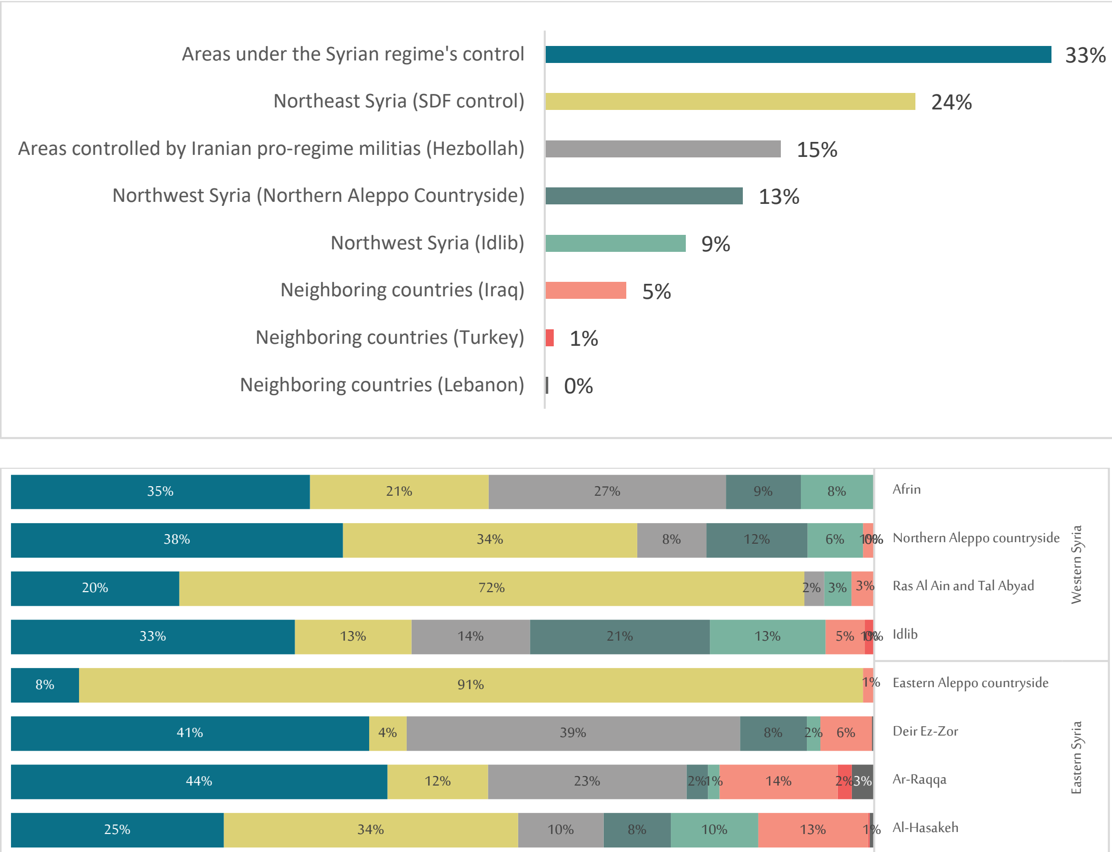


Fifth. Sources of Narcotic Substances

1. Natural Narcotic substances (Plants)

The study shows that 32% of the natural narcotic substances were found to come from the regime-controlled areas, 24% came from eastern Syria controlled by the so-called Syrian Democratic Forces (SDF), 15% came from areas controlled by Iranian militias and pro-regime Hezbollah, 13% come from northern Aleppo countryside controlled by the opposition, 9% come from Idlib province in northwestern Syria controlled by the opposition, and 5% come from Iraq, and 1% come from Turkey.

Figure 13. Sources of natural narcotic substances



Natural narcotic substances: Plants whose leaves or fruits contain narcotic substances. Narcotic substances extracted from natural plants are included in this type. Among the most famous natural narcotic substances are cocaine, poppy, khat, weed, marijuana (Indian hemp), and banjo.

The Syrian regime[3] and militias loyal to it are the most involved in the production and trade of narcotic substances, primarily since the areas of cultivation and manufacture of these substances are known within the regime's control and the militias loyal to them. Key informants confirmed that regime forces and pro-regime militias heavily guard these locations. All exports of such items are made through the regime's seaports and land border crossings. Published reports indicated that all shipments of narcotic substances were seized in many countries. Syria

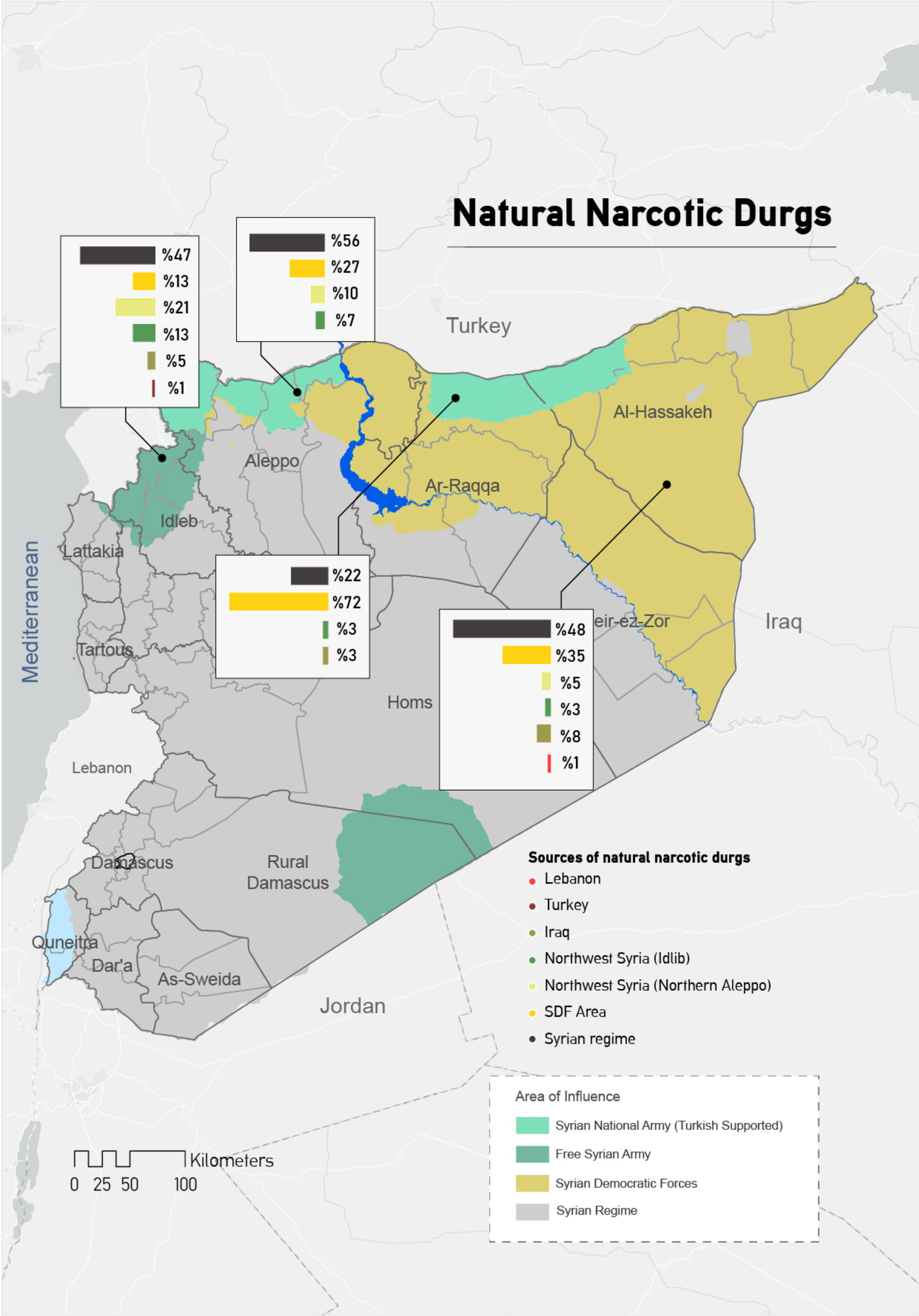
[3] https://www.occrp.org/en/daily/12736-assad-regime-implicated-in-massive-captagon-bust

was a source that carried a legal cover from the regime's Import and Export Directorate. Iranian pro-regime militias (Lebanese Hezbollah) have also worked to transfer cannabis cultivation to Syria in areas under their control. These militias took advantage of their presence in Syria to transport narcotic substances from Iran and Lebanon to Jordan and the Arab Gulf States[4]. Weed cultivation is also widely spread in Nubul and Zahra sub-districts in the northern countryside of Aleppo. These two sub-districts are under the control of the Lebanese Hezbollah militia. The trade-in narcotic substances thrive there because of their proximity to the areas controlled by the opposition forces in the northern countryside of Aleppo. Narcotic substances are smuggled from Nubul and Zahra to the Afrin district and the Rai' sub-district, from which they are distributed in the opposition-controlled areas.

Kurdistan Workers' Party (PKK), working with the so-called Syrian Democratic Forces (SDF), has been transporting cannabis cultivation of both types (Afghan and Indian cannabis) to Syria since 2012 to find additional funding sources. Cannabis cultivation is widespread in the Ain al-Arab (Kobane) sub-district. Cannabis cultivated in Kobane is spread among users because of its high quality.

[4] https://arabic.cnn.com/middle-east/article/2022/02/11/jordan-thwarts-smuggling-drugs-syria

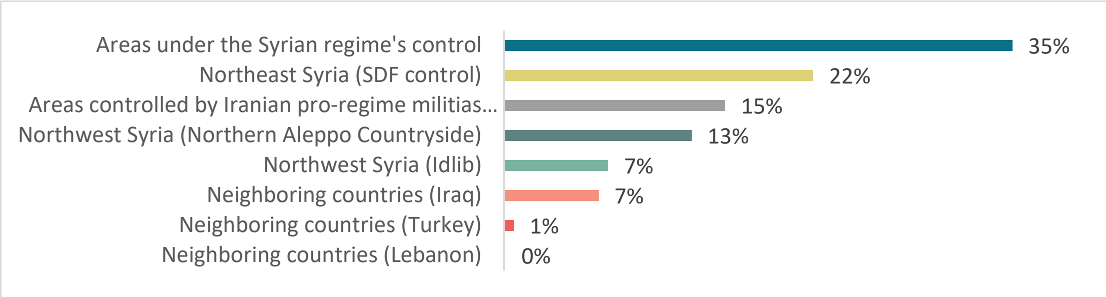
Map 2. Sources of natural drugs

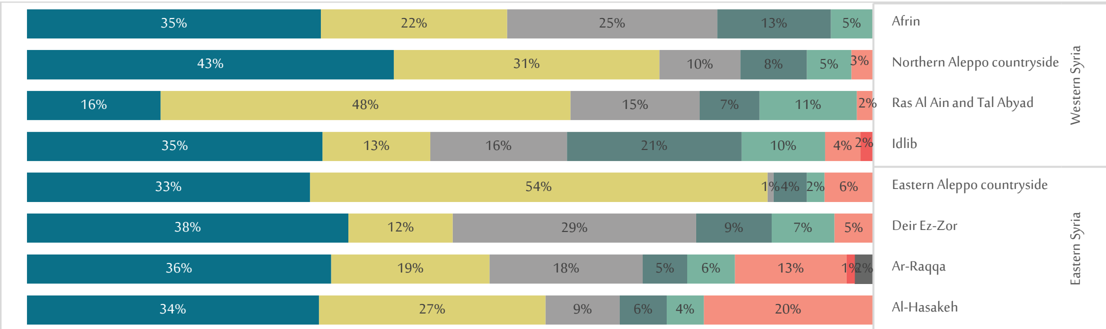


2. Synthetic narcotic substances (chemical)

According to the respondents' opinions, 35% of the natural narcotic substances were found to come from the regime-controlled areas, 22% came from eastern Syria controlled by the so-called Syrian Democratic Forces (SDF), 15% came from areas controlled by Iranian militias and pro-regime Hezbollah, 13% come from northern Aleppo countryside controlled by the opposition, 7% come from Idlib province in northwestern Syria controlled by the opposition, and 7% come from Iraq, and 1% come from Turkey.

Figure 14. Sources of synthetic narcotic substances

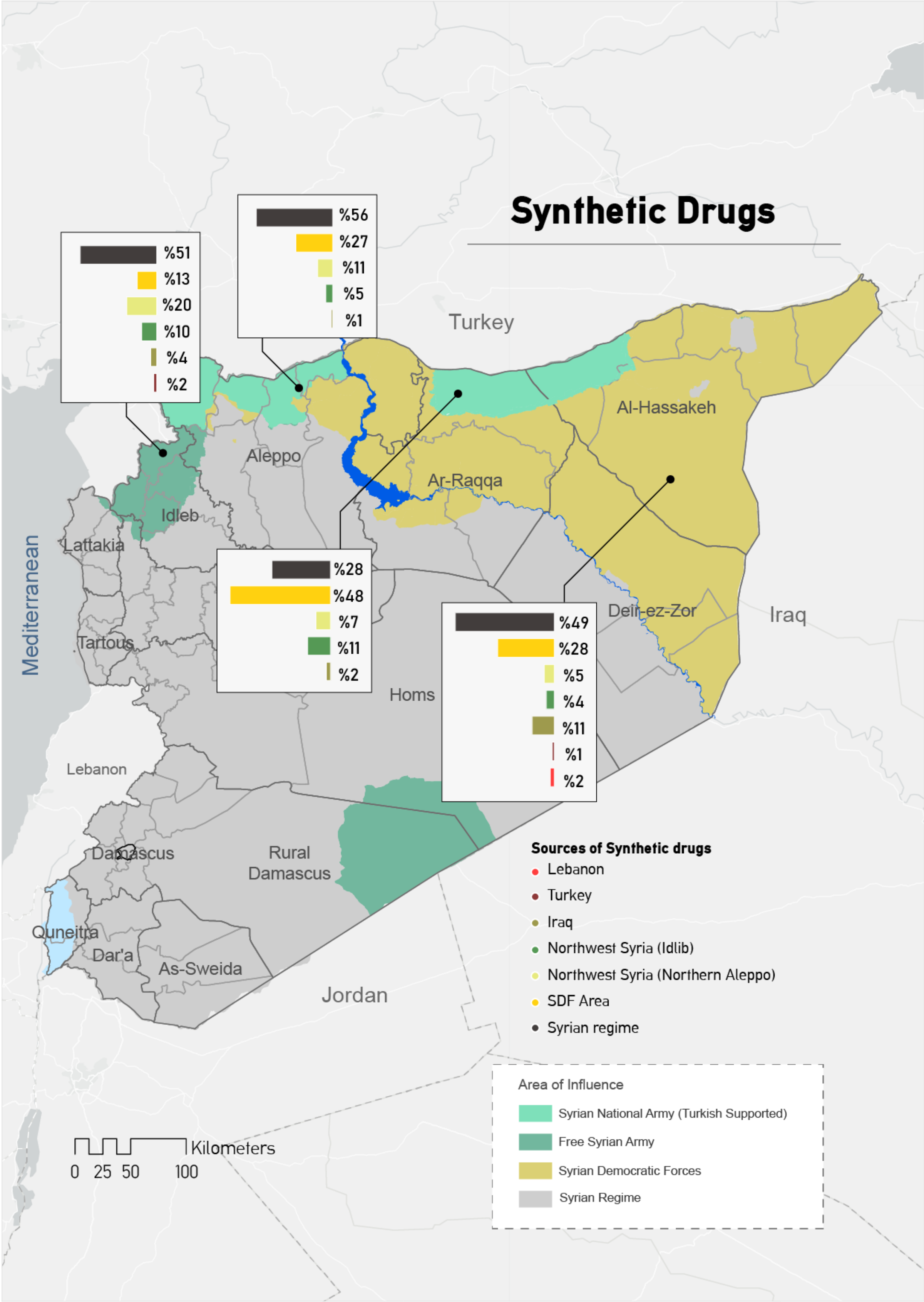




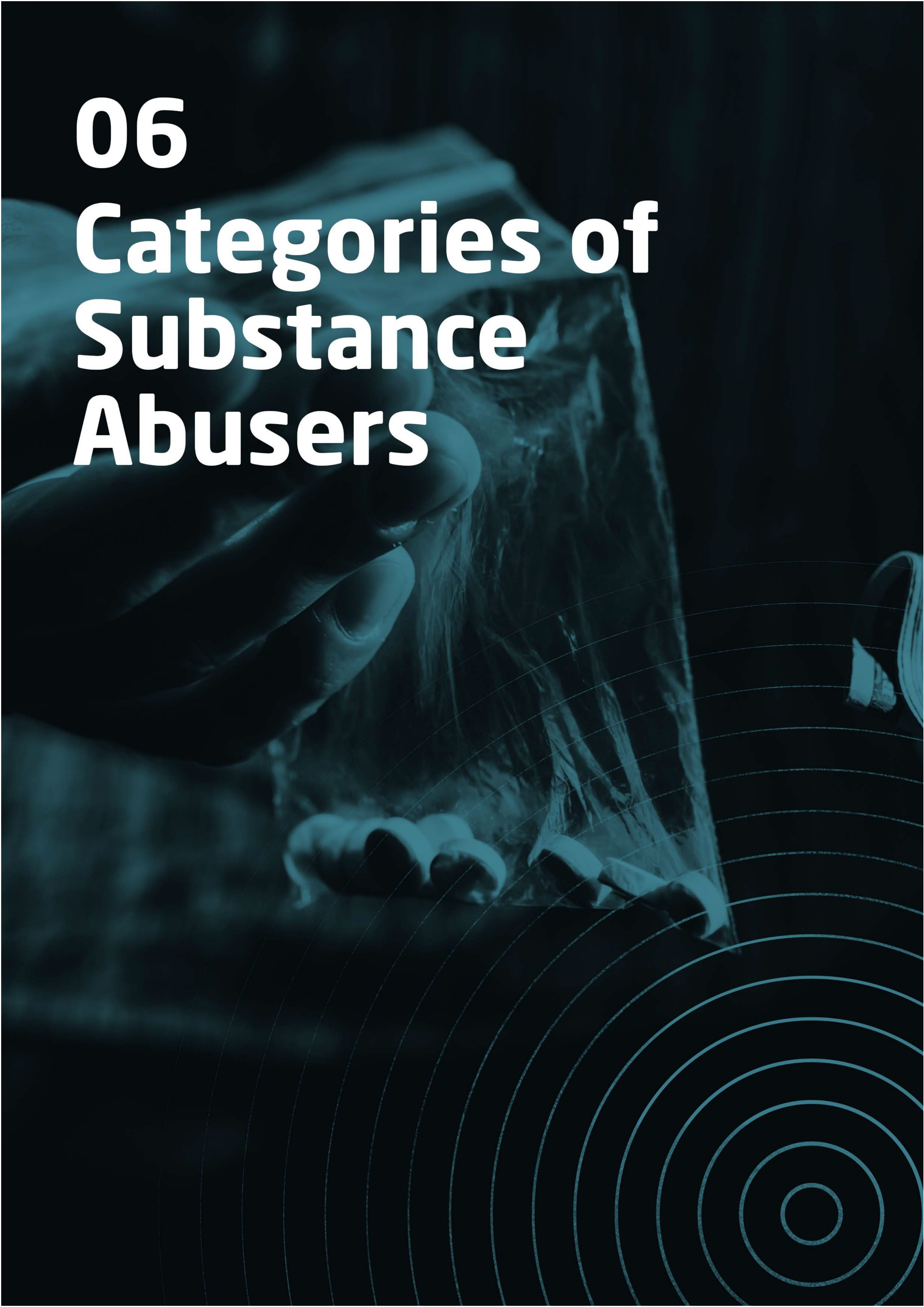
<u>Synthetic narcotic substances:</u> They are narcotic substances extracted initially from natural materials or raw materials but are synthetic in different ways. They may not initially be intended for use as narcotic substances, but they are misused so that these natural narcotic substances become more effective substances. Synthetic narcotic substances are more potent than natural drugs in which no man has intervened. Tramadol, Captagon, heroin, morphine, and opium are the most famous types.

The key informants interviewed confirmed that the PKK, with the cooperation of pro-regime militias in the cities of Nubul and Zahra, set up a narcotic substances lab in Jabal Barsaya, near the city of Afrin. The lab was established in 2014 and was considered one of Syria's largest narcotic substances labs. PKK cultivated narcotic plants in the towns of Basuta and Burj Abdullah. The plant produced large quantities of narcotic substances transported to regime-controlled areas and areas outside regime control. During the battles between the opposition forces and the Turkish Army on one side and the PKK forces on the other, PKK moved the equipment before withdrawing from the Afrin district. At the same time, it could not transport large quantities of narcotic substances that were stored there. Opposition forces and the Turkish Army found and damaged warehouses full of narcotic substances.

Map 3. Sources of manufactured drugs



06
Categories of Substance Abusers

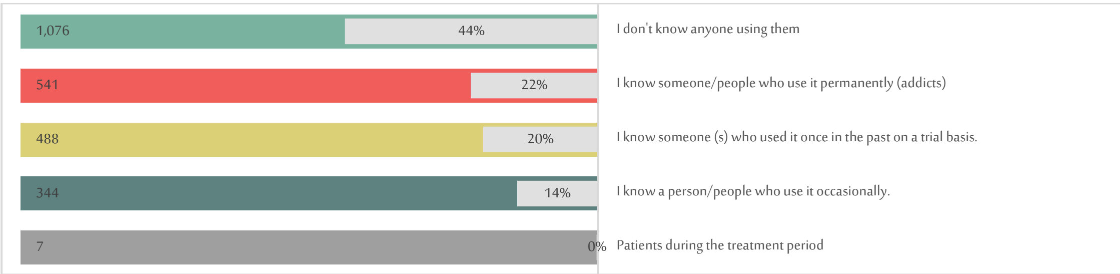


Sixth. Categories of Narcotic substances Abusers

1. Degree of the presence of narcotic substances abusers

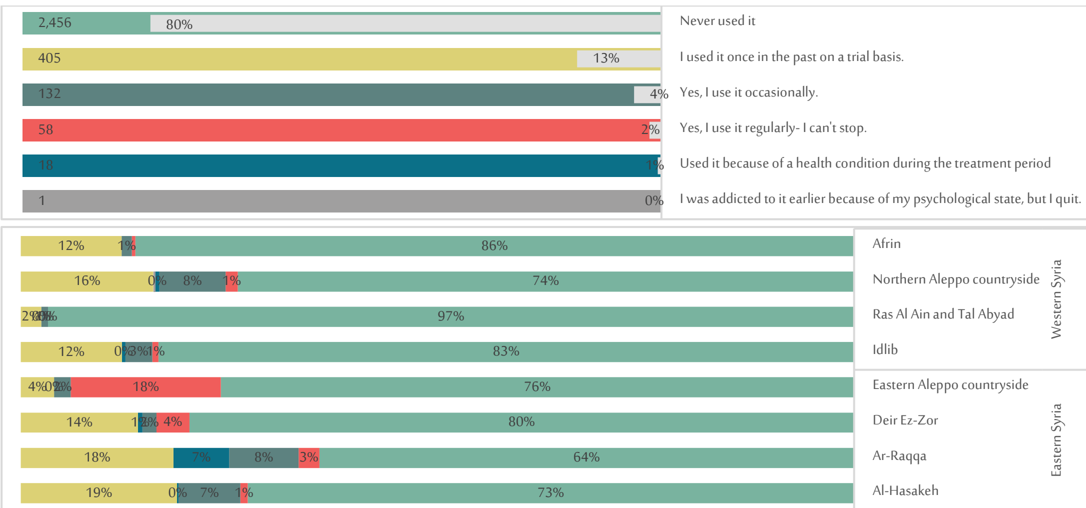
The enumerators asked respondents about people in their surroundings who use narcotic substances to determine their spread in society; 22% (541 respondents) reported that they know people who use narcotic substances permanently and are addicted to them. This figure indicates a high spread of substance abuse addicts in society. 14% (344 respondents) reported knowing people who use narcotic substances occasionally at events. 20% (488 respondents) said that they knew people who had used narcotic substances once in the past on a trial basis. Only 7 respondents reported that they knew people who used narcotic substances to treat certain diseases. 44% (1,076 respondents) said they do not know people who use narcotic substances.

Figure 15. Number/ percentage of respondents by their knowledge of people who use narcotic substances



Enumerators asked respondents if they were using narcotic substances; only 2% (58 respondents) reported using them permanently and could not stop taking them. 4% (132 respondents) reported using narcotic substances occasionally at events and celebrations. 13% (405 respondents) reported having used narcotic substances once in the past on a trial basis. 1% (18 respondents) reported using narcotic substances to treat some diseases. 80% (2,456 respondents) reported never using narcotic substances.

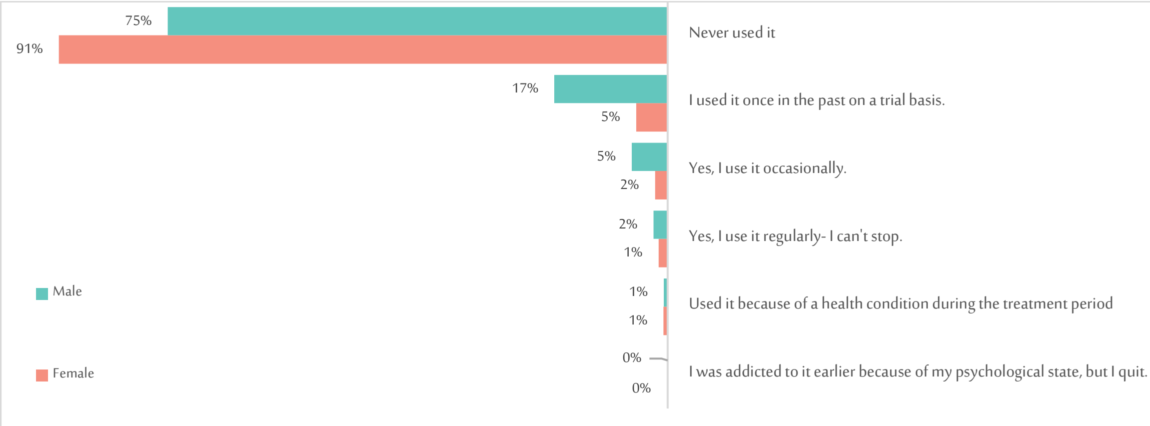
Figure 16. Number/ percentage of respondents according to their use of narcotic substances



2. Gender of people who use narcotic substances

The research results show that more males use narcotic substances than females. To varying degrees, the percentage of males who use narcotic substances accounted for 25% of all males interviewed, while the percentage of females was only 9%.

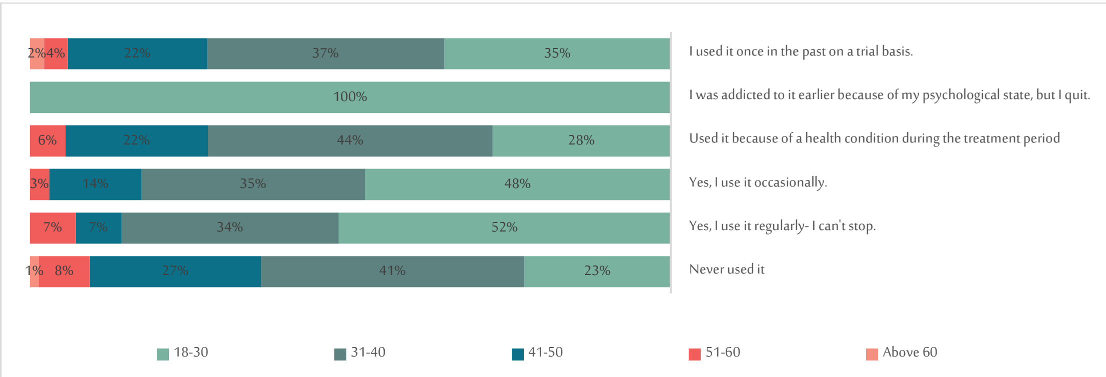
Figure 17. Number/ percentage of respondents according to use of narcotic substances by gender



3. Age group of persons who use narcotic substances

The research results show that 52% of people who use narcotic substances permanently and cannot stop using them are 18-30 years of age, 34% are between 31-40 years of age, 7% are between 41-50 years of age, and 7% are above 50 years of age.

Figure 18. Number/ percentage of respondents by use of narcotic substances by age group



Studies show that young people and adolescents are the age group most susceptible to addiction due to the many chemical and physical changes that occur in their bodies during development. During this early age, young people take intense and frequent doses, and with prolonged use of narcotic substances, addiction becomes a behavioral pattern that is difficult to get rid of. The risk of using narcotic substances at an early age increases the chances of reaching addiction. Treatment may be complex if the individual reaches a late stage of addiction.

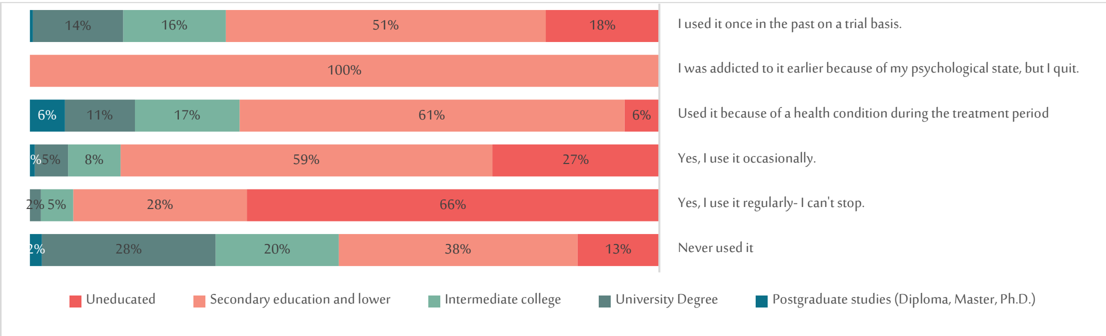
The information confirms that drug dealers exploit adolescents and young people to promote narcotic substances in their surroundings. Adolescent and young substance abusers spread narcotic substances in their surroundings, increasing the number of young t and adolescent abusers.

4. Educational Level of Substance Abusers

The study found that 66% of people who use narcotic substances permanently and cannot stop are uneducated, 28% have only a high school diploma or lower, and 7% have higher education certificates of intermediate college or university. The role of education in reducing the spread of substance abuse in society is illustrated here.

It was found that 27% of people who occasionally use narcotic substances are uneducated, 59% hold a high school diploma only or lower, and 13% have a higher education diploma of both types at the intermediate college and university.

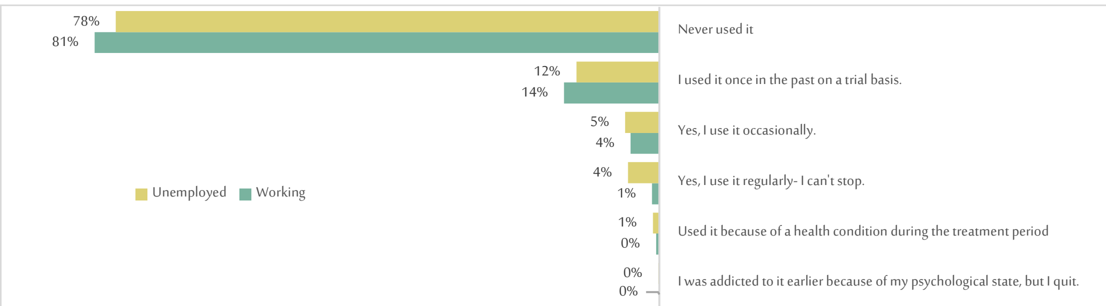
Figure 19. Number/ percentage of substance abusers by their use of narcotic substances by the educational certificate



5. Employment opportunities and their relationship to substance abuse

The study shows that more unemployed people use narcotic substances than working people. The study found that 4% of unemployed people use narcotic substances permanently and cannot stop. In comparison, only 1% of working people use narcotic substances permanently and cannot stop. The study also found that 5% of unemployed people use narcotic substances occasionally at celebrations, while 4% of employed people do that.

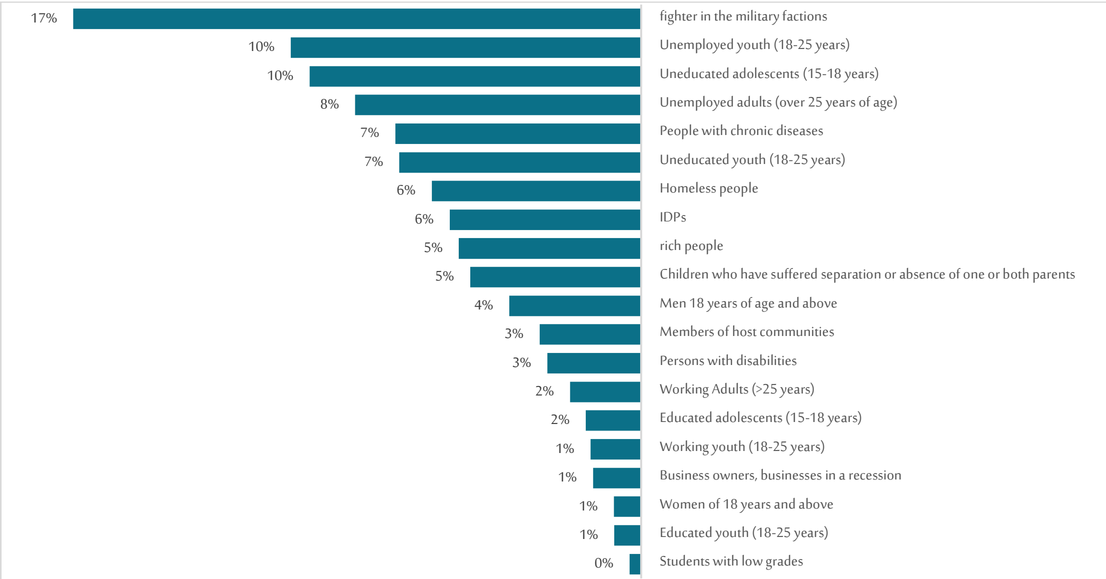
Figure 20. Number/ Percentage of substance abusers by their consumption of narcotic substances, according to the availability of job opportunities.



6. Categories of society that use narcotic substances

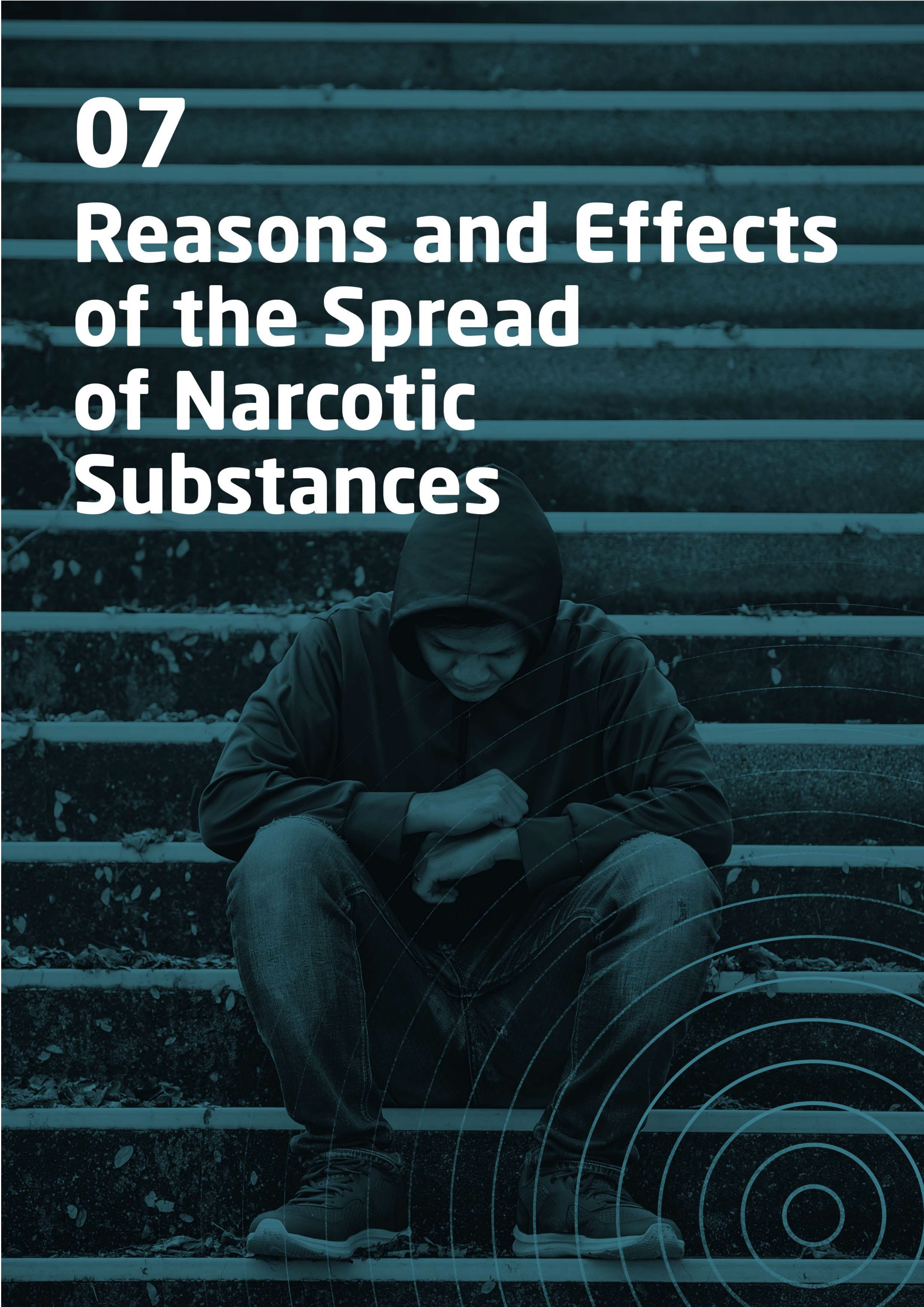
The enumerators asked the respondents about the groups taking the narcotic substances the most. The results indicate that fighters in the armed factions were at the forefront of people who use narcotic substances at 17% of the total number. In the second place came unemployed youth between 18-25 years of age at 10%, and 10% of uneducated adolescents 15-18 years of age, and the last place for adults over the age of 25 are unemployed at 8%.

Figure 21. Number/ percentage of respondents by their consumption of narcotic substances, according to the availability of job opportunities.



The use of Captagon pills in Syria spread among fighters after 2011. The Captagon gives the abusers a sense of courage and ecstasy, which helps them withstand the battlefronts and prompts them to storm enemy military posts without fear. This is what prompted some opposition military to turn a blind eye to the users of these substances. The regime encouraged using these substances by distributing them to its fighters via leaders of the armed factions and the Iranian and Lebanese militias loyal to it. Over time, this abuse changed to addiction among fighters who constantly seek to increase the dose to achieve ecstasy.

07
Reasons and Effects of the Spread of Narcotic Substances

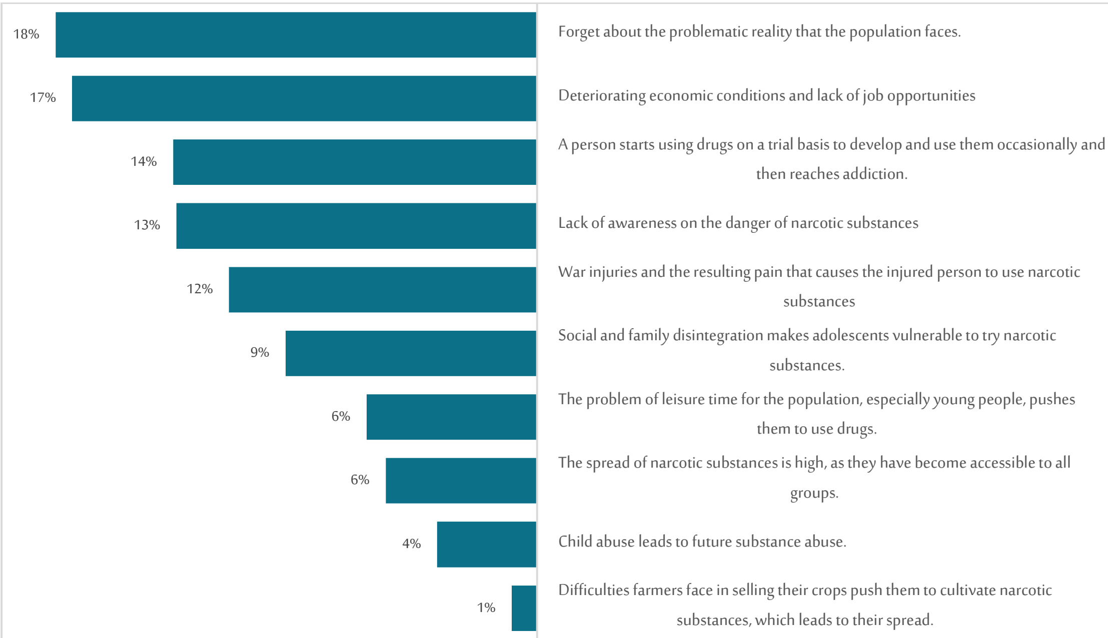


Seventh. Reasons for the spread of narcotic substances and their effects

1. Reasons for the spread of narcotic substances

Through the interviews, the enumerators asked the respondents about the reasons for the spread of narcotic substances from their point of view. According to the results, 18% resort to the use of narcotic substances to forget the difficult reality they live, 17% use narcotic substances due to the deterioration of the situation and the lack of job opportunities, and 14% start taking narcotic substances on a trial basis to develop later and take narcotic substances on occasions leading to addiction. 13% use narcotic substances due to a lack of awareness of the danger of these substances. 12% use narcotic substances because of war injuries and the resulting pain. The disabilities resulting from the war and the lack of mechanisms for integrating persons with disabilities into society by helping them cope with disabilities also lead to their use of narcotic substances. 9% use narcotic substances due to social and family disintegration, making adolescents particularly vulnerable to trying narcotic substances.

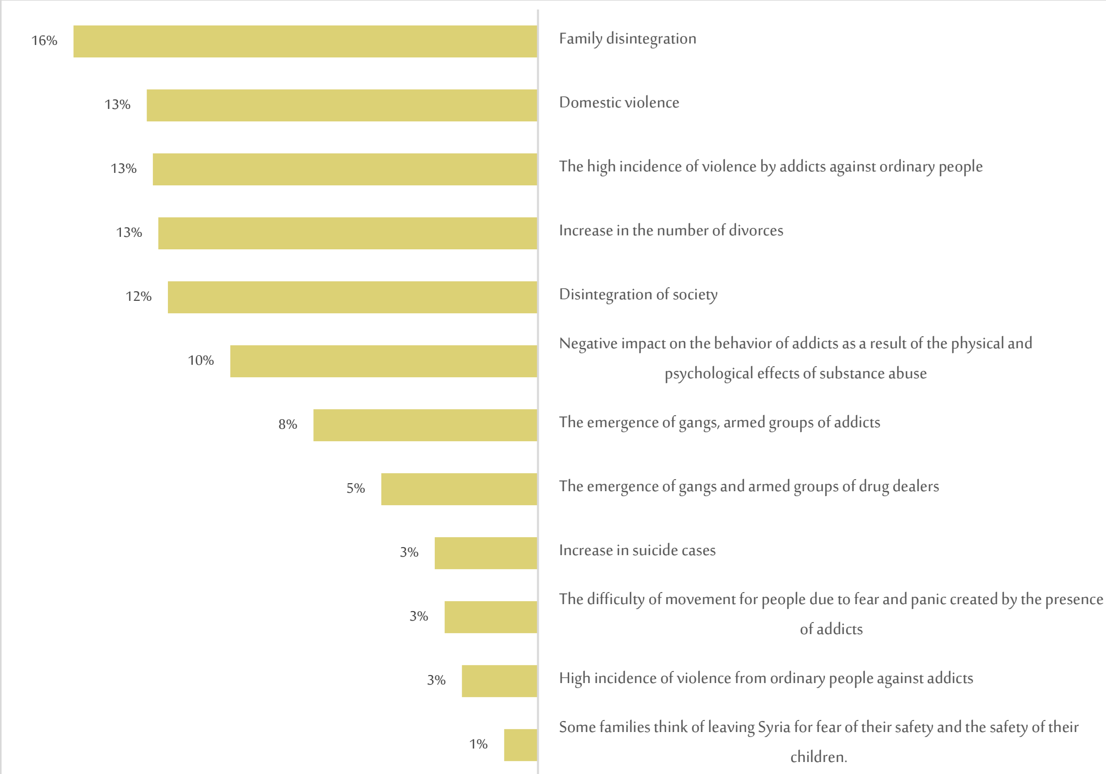
Figure 22. Percentage of causes of the spread of narcotic substances



2. Psychosocial impacts of the spread of narcotic substances

The results show that the spread of narcotic substances leads to psychological and social impacts, including family disintegration and domestic violence. The respondents confirmed that family disintegration constitutes 16% of the psychological and social impacts of the spread of narcotic substances, and domestic violence constitutes 13% of these impacts. The rise in violence from addicts against ordinary people constitutes 13% of the impact, the increase in divorce cases constitutes 13%, and the disintegration of society constitutes 12%.

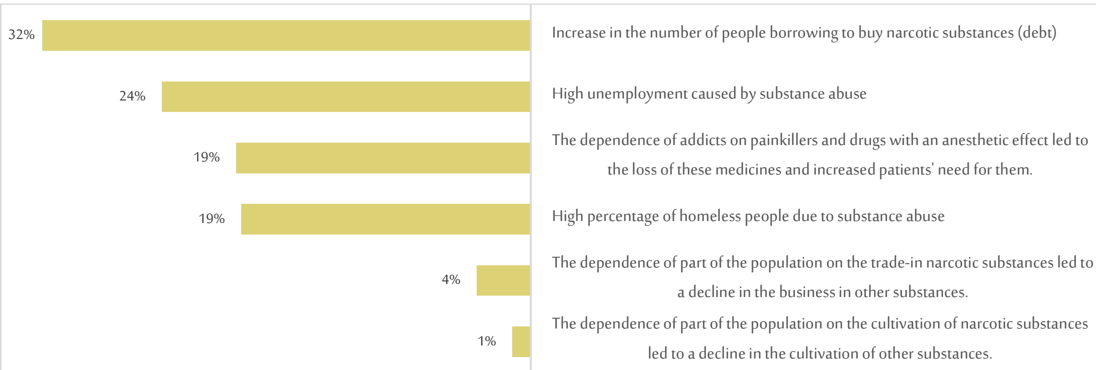
Figure 23. Percentage of psychological and social effects of the spread of narcotic substances



3. The Economic impacts of the spread of narcotic substances

The study results show that the spread of narcotic substances has economic effects, at the forefront of which is the increase in the number of people borrowing to buy narcotics and the rise in unemployment due to addiction. The respondents confirmed the increase in the number of people borrowing to buy narcotic substances to 32% of the economic impacts of the spread of narcotic substances and the increase in the unemployment rate caused by drug addiction to 24% of these impacts. The dependence of addicts on painkillers and narcotic substances with an anesthetic effect, which led to the loss of these medicines and increased patients' need for them, constitutes 24% of the economic impacts of the spread of narcotic substances. The high percentage of homeless people due to abuse accounts for 24% of these impacts.

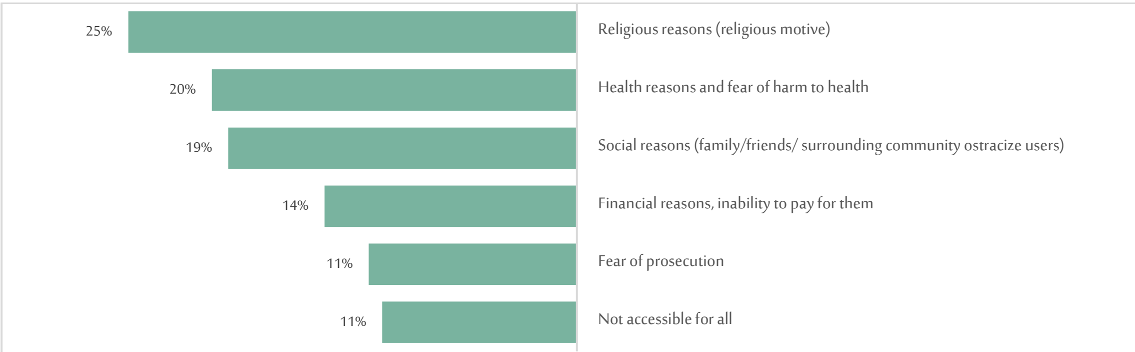
Figure 24. Percentage of the economic effects of the spread of narcotic substances



4. Reasons preventing people from using narcotic substances

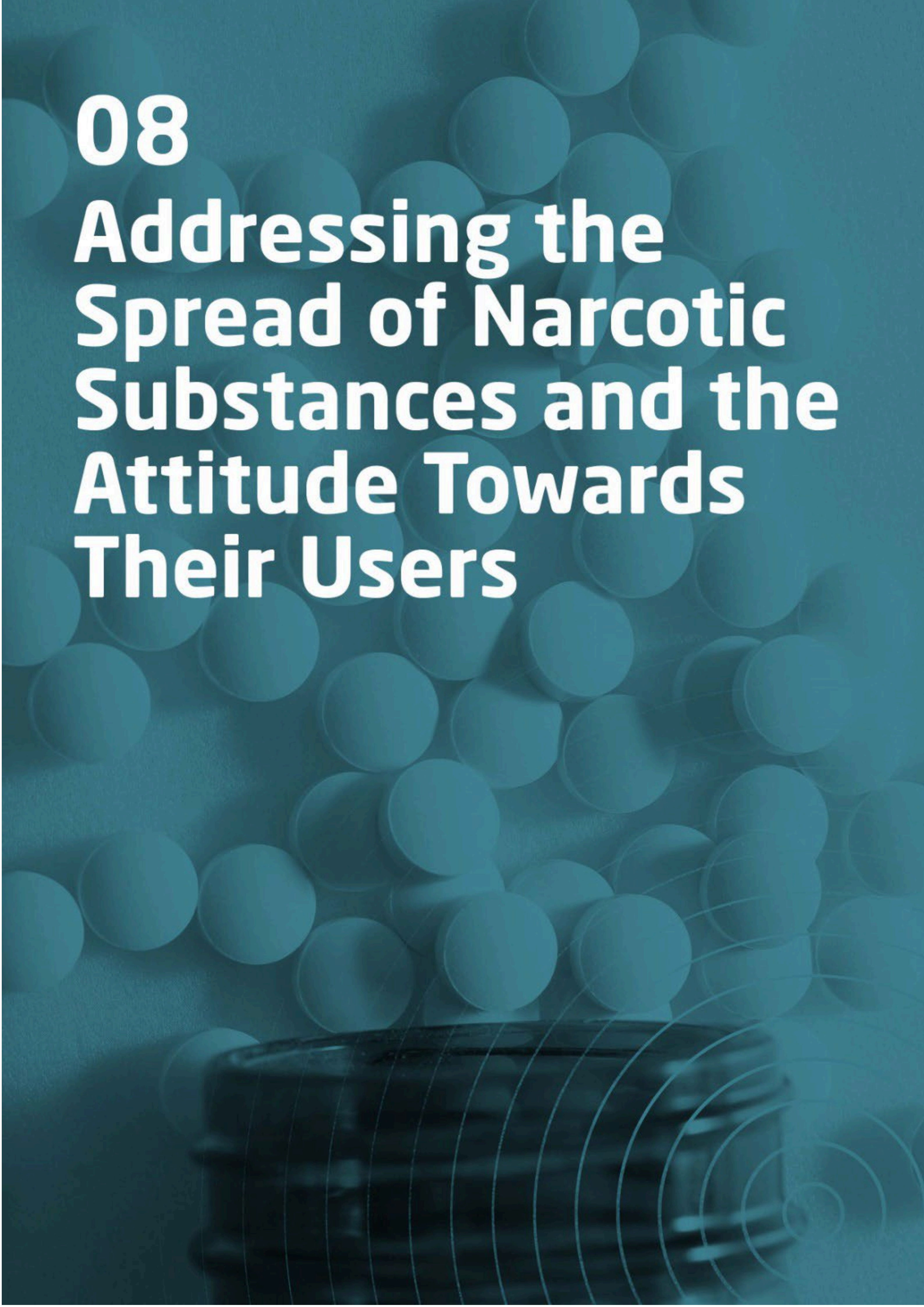
Through interviews, the enumerators asked the respondents about the reasons that prevent the majority of community members from using narcotic substances, despite the widespread use of these substances among a part of them. According to the results, 25% of the population do not use narcotic substances for religious reasons (religious motive), and 20% do not use narcotic substances for health reasons and fear the risk of narcotic substances to health. 14% of the population do not use narcotic substances for social reasons, as family, friends, and the surrounding community ostracized abusers. 14% of the population does not use narcotic substances because they cannot afford to buy them. 11% of the people do not use narcotic substances for fear of prosecution. 11% of the population do not use narcotic substances because they are not available to everyone.

Figure 25. Percentage of factors that limit the spread of narcotic substances



08

Addressing the Spread of Narcotic Substances and the Attitude Towards Their Users



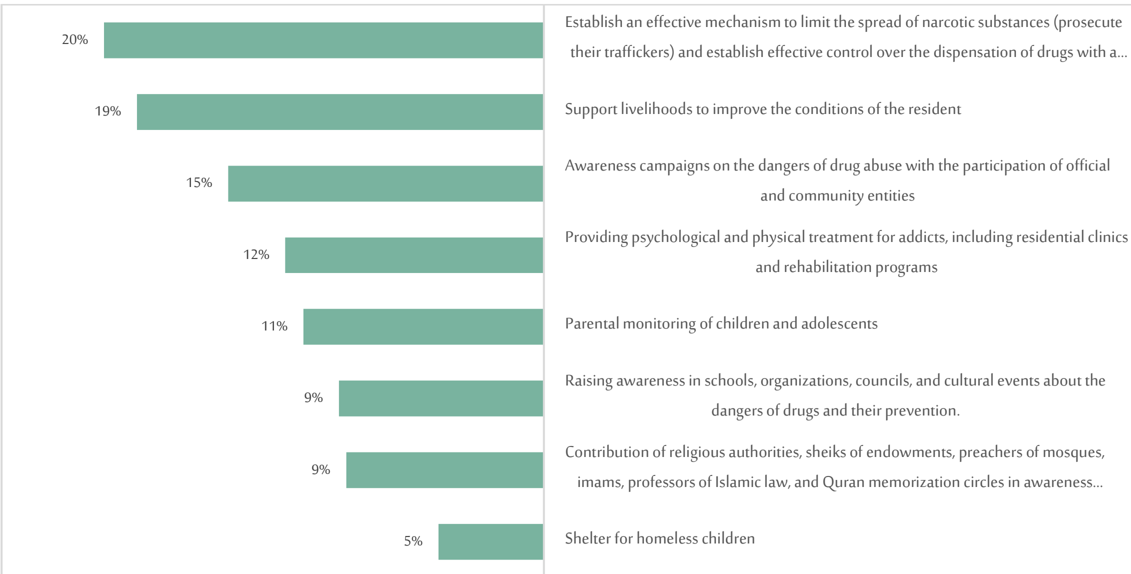
Eighth: Addressing the spread of narcotic substances and the attitude towards abusers

1. Actions to be taken to reduce the spread of narcotic substance abuse

According to the study results, 20% of the respondents stated that at the forefront of the measures to reduce the spread of the use of narcotic substances is to set up a mechanism to prosecute traders of these substances and effective control the eliciting of narcotic medicines t in licensed pharmacies and stop the work of unlicensed pharmacies that dispense all medicines without prescriptions from a competent and accredited authority.

19% of the respondents reported the need to support livelihoods, provide more job opportunities, and improve living conditions to reduce the spread of drug use. The majority of people resort to drug use to forget the difficult reality. 33% of respondents reported the need to provide awareness campaigns about the dangers of narcotic substances. They emphasize the need for all official and community entities and influential people to participate in these campaigns. Such campaigns should include schools and cultural events, with the participation of imams of mosques. 12% of the respondents reported the need to provide psychological and physical treatment to addicts, including residential clinics and rehabilitation programs. 5% of respondents reported the need to shelter homeless people, especially children, as they are more vulnerable to substance use and addiction than others.

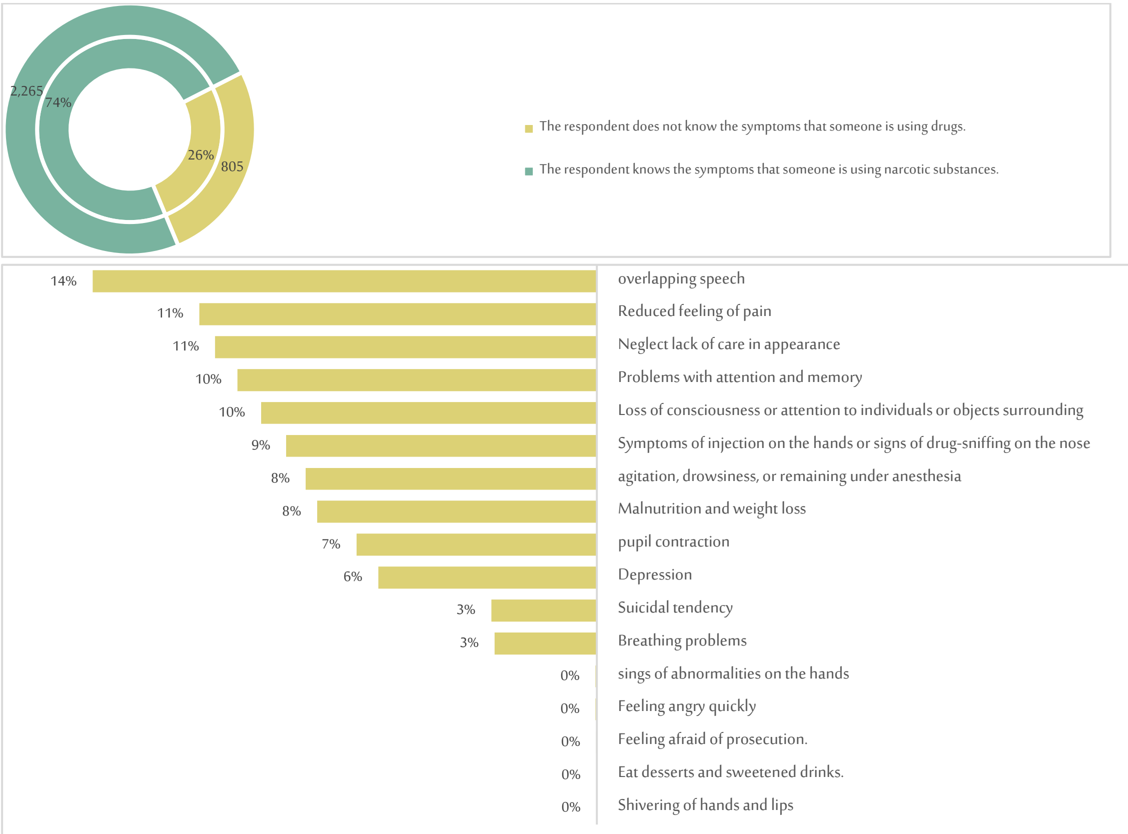
Figure 26. Measures to be taken to reduce the spread of narcotic substances.



2. Recognizing the symptoms of substance abuse

In an environment where substance abuse is widespread, society needs to know the most important signs that indicate that someone is addicted to the substance. This may help them find an appropriate way to deal with this person without causing harm to either party. During the interviews, the enumerators asked the respondents whether they knew the symptoms that someone was using narcotic substances. 74% (2,265 respondents) stated that they knew these symptoms, while 26% (805 respondents) reported that they did not know any symptoms that a person was taking the narcotic substances.

Figure 27. Number/ percentage of respondents according to their knowledge of signs indicating substance use



When asked about the symptoms they notice on addicts in their communities, the overlapping speech came at the forefront of the narcotic substances abuse symptoms. It constituted 14% of the total symptoms reported by the respondents. Reduced feeling of pain constituted 11%, neglect and lack of attention to appearance constituted 11%, problems with concentration and memory included 10%, loss of consciousness or awareness of individuals or surrounding things constituted 10%, signs of injection on the hands or symptoms of sniffing narcotic substances on the nose constituted 9%, drowsiness or agitation or staying under anesthesia 11%, malnutrition and weight loss constituted 8%, shrinkage of pupils constituted 7%, a depression formed 7%, the tendency to commit suicide constituted 3%, and respiratory problems constituted 3%.

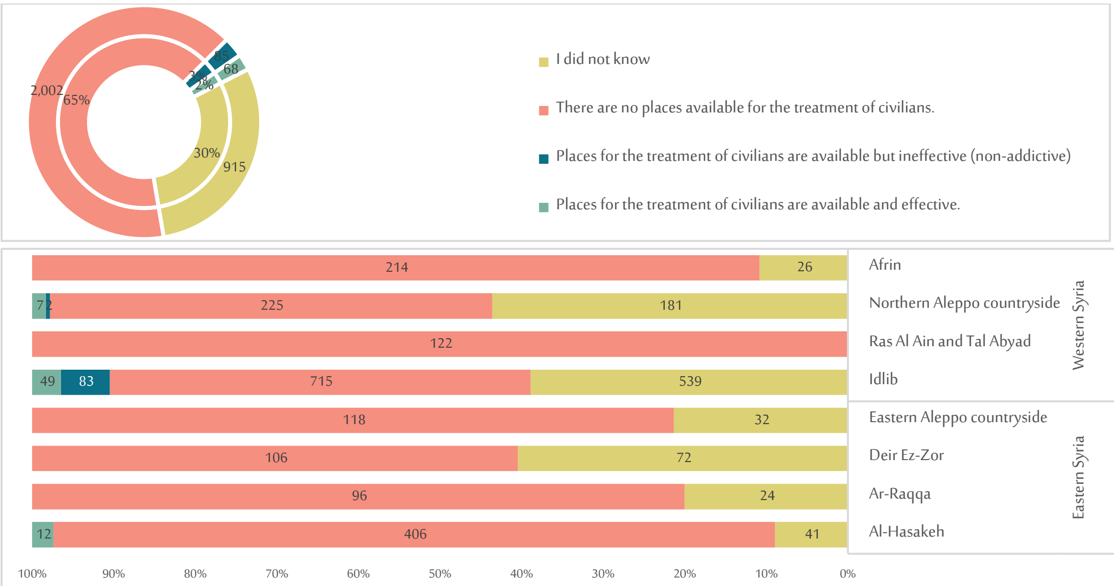
3. Availability of addiction treatment centers

Treatment of addiction in the advanced stages requires the availability of treatment centers. A drug addict often cannot quit without specialists providing him with the necessary treatment and helping them to recover. After quitting, recovering addicts need to go to care centers that help them not think about returning to substances abuse. Recovering addicts remain vulnerable to substance abuse in any crisis they face. Here, emphasis should be placed on the prevention of relapses. Once a person becomes addicted to a drug, they are at high risk of returning to a pattern of addiction. If anyone starts using medicine in large quantities and without medical supervision, they likely lose control of its use again, even if they receive treatment and stop using the drug for some time.

During the interviews, the enumerators asked the respondents whether they knew places to treat addiction in their areas and how effective these places were from their point of view. 65% (2,002 respondents) of respondents reported that there were no places available to treat drug addicts in their areas, and 30% (915 respondents) reported that they did not know about the availability of such places. These results indicate the lack of appropriate centers for the treatment of addiction and the lack of community awareness of treatment mechanisms.

3% (85 respondents) reported the availability of centers for the treatment of drug addicts, but they believe these centers were ineffective, and addicts did not go there. Only 2% (68 respondents) reported the availability of effective treatment centers for addicts.

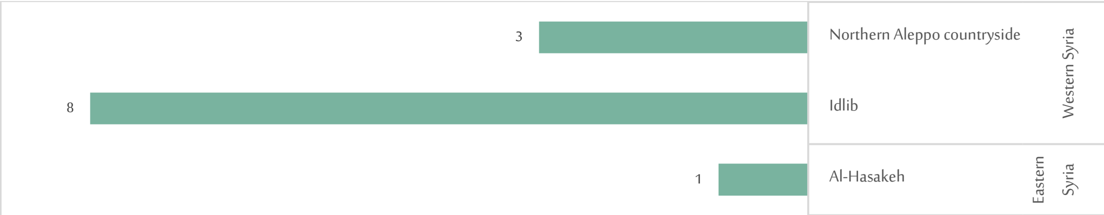
Figure 28. Number/ percentage of respondents by their knowledge of the availability of places for the treatment of addiction in their areas



The number of addiction treatment centers reported by the respondents was 12; most of these centers are hospitals that have a psychotherapy department. In some cases, psychiatric departments are not available, but only a psychiatrist in general. In Idlib governorate, the number of medical centers reported by the respondents reached 8 centers: the psychiatric clinic in Salah al-Din camp, Khirbet al-Jawz cluster (supported Hope Revival Organization), the psychiatric clinic in Wasim Hasseino Hospital (Kafr Takharim), the central hospital in Idlib, the

Save a Soul Hospital, the Al-Nafs Al-Mutma'inna psychiatric center (Dana), Al-Hedayah Center (Qah), Al-Shifa Psychiatric Hospital (Sarmada), and the Psychiatric Unit for Acute Cases (supported by USSOM). In the northern countryside of Aleppo, there were 3 treatment centers: Azaz National Hospital, Psychological Support Center (Suran), and Addiction Treatment Center. There was one center for drug addiction treatment in eastern Syria, the National Hospital in Al-Malikiyah in Al-Hasakah governorate.

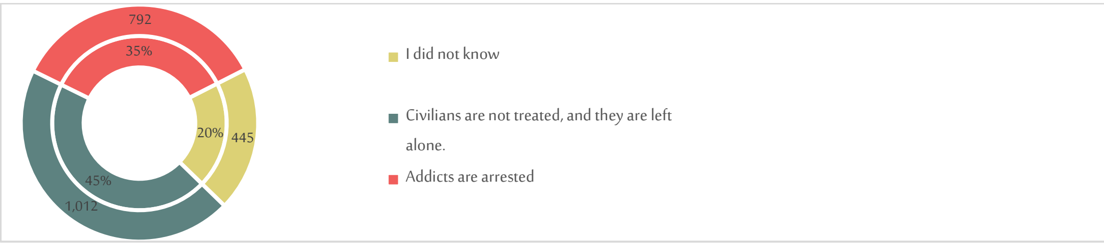
Figure 29. Distribution of drug addiction treatment centers

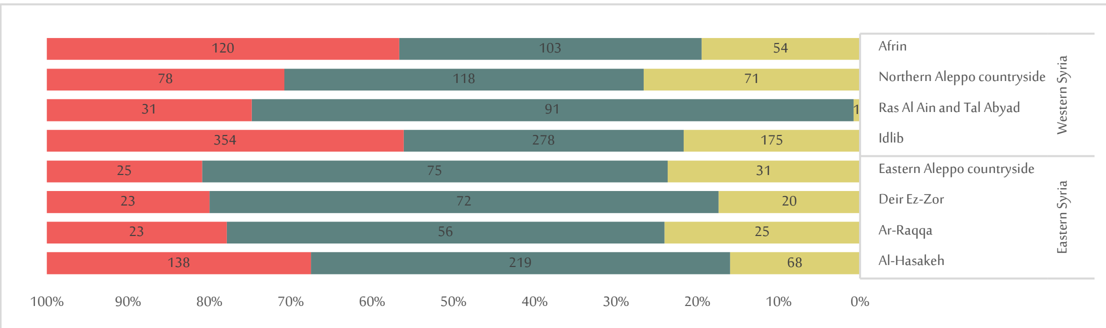


4. Mechanisms for dealing with addicts in areas where treatment centers are not available

Through the interviews, the enumerators asked the respondents who reported the lack of centers for drug addiction treatment about the mechanism used to deal with addicts. 35% (445 respondents) of respondents reported that authorities arrest drug addicts. 45% (1,012 respondents) reported that addicts are not treated but only ostracized. 20% (445 respondents) reported not knowing what mechanism to deal with addicts.

Figure 30. Mechanisms to deal with addicts



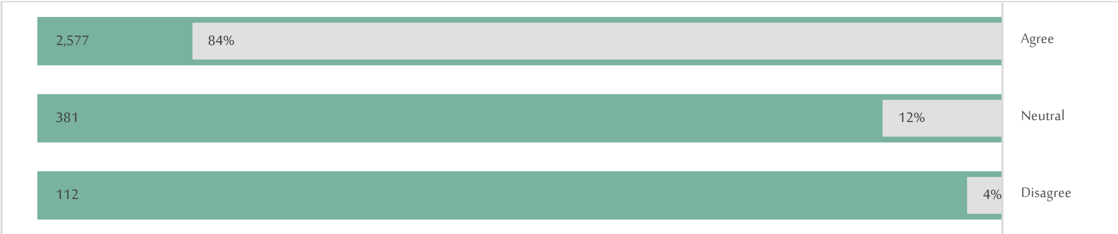


In the Middle East, especially in some Arab countries, drug addicts are treated as criminals and are imprisoned for a period that may exceed one year. Human rights organizations emphasize the need to treat drug addicts as patients and that they need treatment instead of arresting them, as addicts are victims of psychological or social pressures.

5. Attitude towards narcotic substance abusers

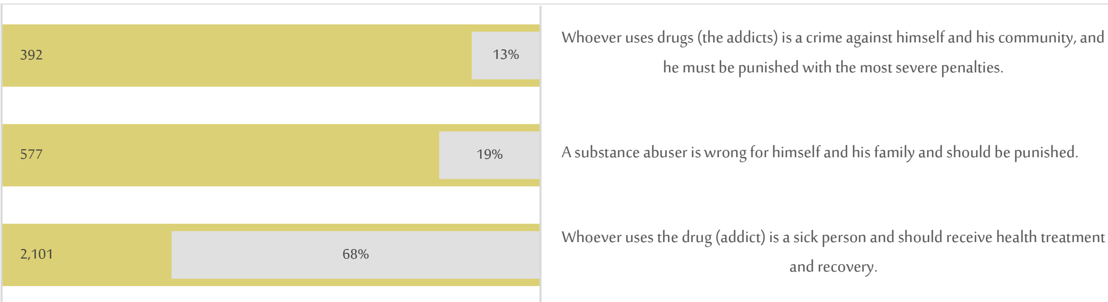
The enumerators asked the respondents what they thought about whether addiction was a health problem or a treatable disease. 84% (2,577 respondents) agreed that addiction is a health problem and is treatable. At the same time, 12% (381 respondents) took a neutral position and did not provide an answer. Only 4% (112 respondents) disagreed that addiction is a treatable health problem. These percentages indicate that society is aware of the need to treat addicts and not ostracize them or treat them as criminals.

Figure 31. Number/percentage of respondents according to their position that addiction is a health problem and treatable



68% (2,101 respondents) of respondents confirmed that those who use narcotic substances (or addicts) are sick and should receive health treatment and psychosocial rehabilitation from recovery. 19% (577 respondents) believe that whoever uses narcotic substances (the addict) is wrong about himself and his family and should be punished. And 13% (392 respondents) believe that those who use narcotic substances (the addict) are criminals for themselves and their society, and the most severe penalties should be imposed on them.

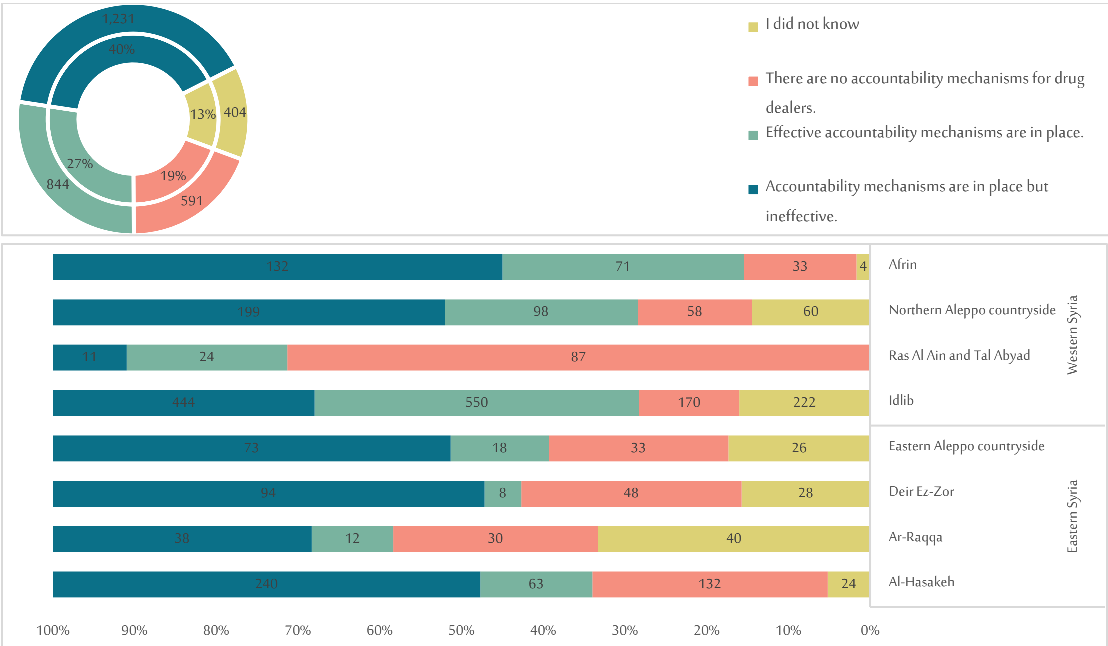
Figure 32. Number/percentage of respondents according to their attitude towards drug users



6. Availability and effectiveness of entities of prosecuting drug dealers

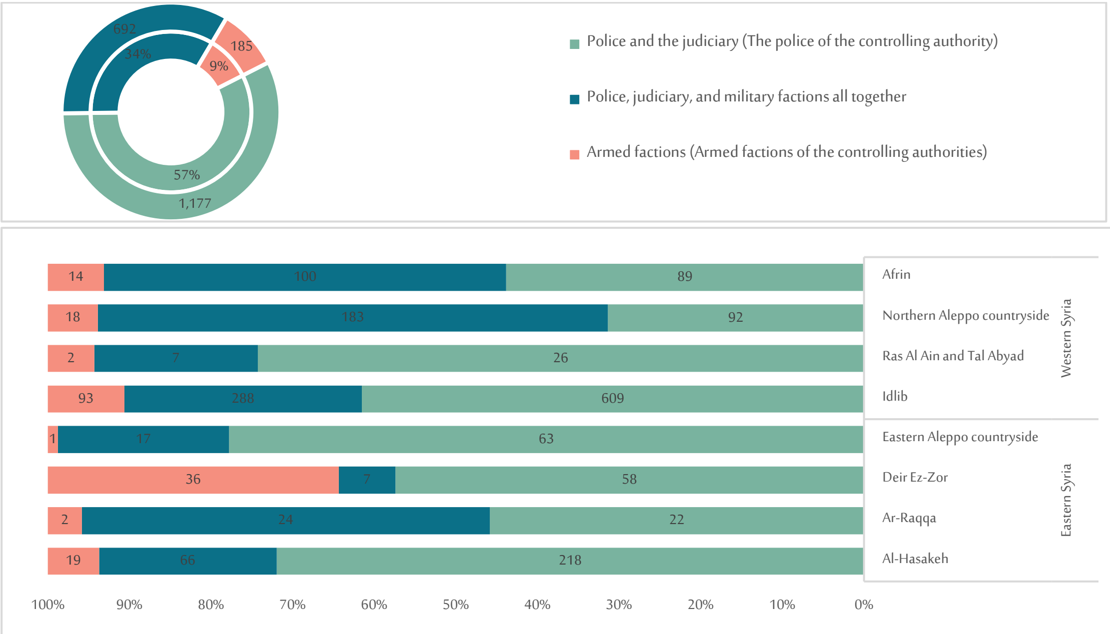
Through interviews conducted by enumerators, respondents asked about entities to prosecute drug dealers. Only 27% (844 respondents) reported the existence of effective entities to prosecute drug dealers. While 40% (1,231 respondents) reported the presence of prosecution entities, they considered them ineffective. 19% (591 respondents) reported that there were no bodies to prosecute drug dealers.

Figure 33. Number/percentage of respondents according to their knowledge of the existence of bodies to prosecute drug dealers



About entities working on the prosecution of drug dealers, 57% (1,177 respondents) reported that the police and the judiciary of the controlling authorities work to prosecute drug dealers and hold them accountable. 34% (692 respondents) reported that the military factions contribute to the prosecution of drug dealers alongside the police and the judiciary. At the same time, 9% (185 respondents) reported that only military factions prosecute drug dealers.

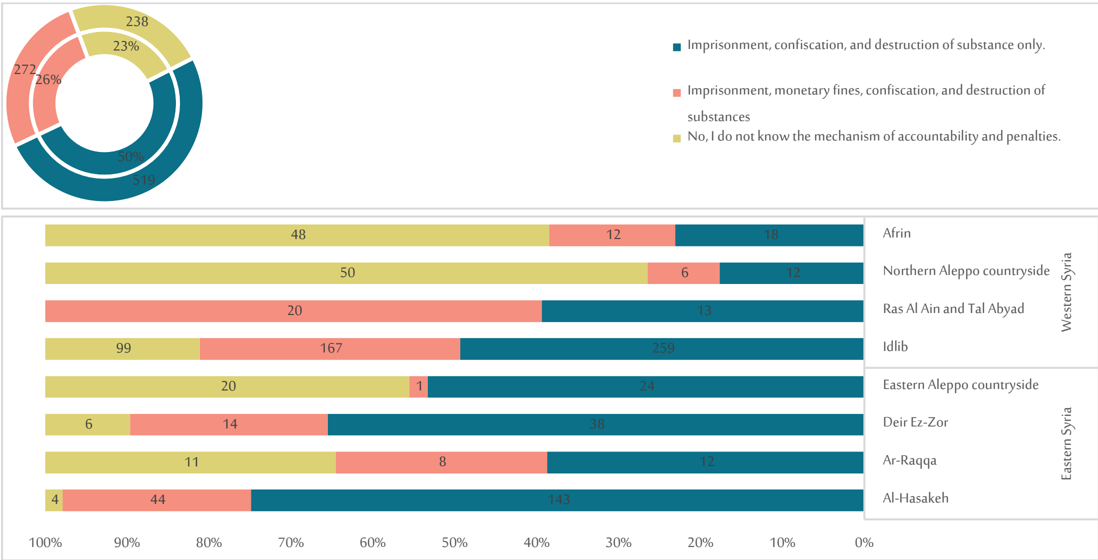
Figure 34. Number/percentage of respondents according to the entity that pursues drug dealers from their point of view



Regarding the mechanisms used to hold drug dealers accountable, 50% (519 respondents) of the respondents reported that drug dealers are imprisoned, and narcotic substances are confiscated and destroyed. 26% (272 respondents) reported that drug dealers are imprisoned, narcotic substances are confiscated and destroyed, and fines are imposed on traders.

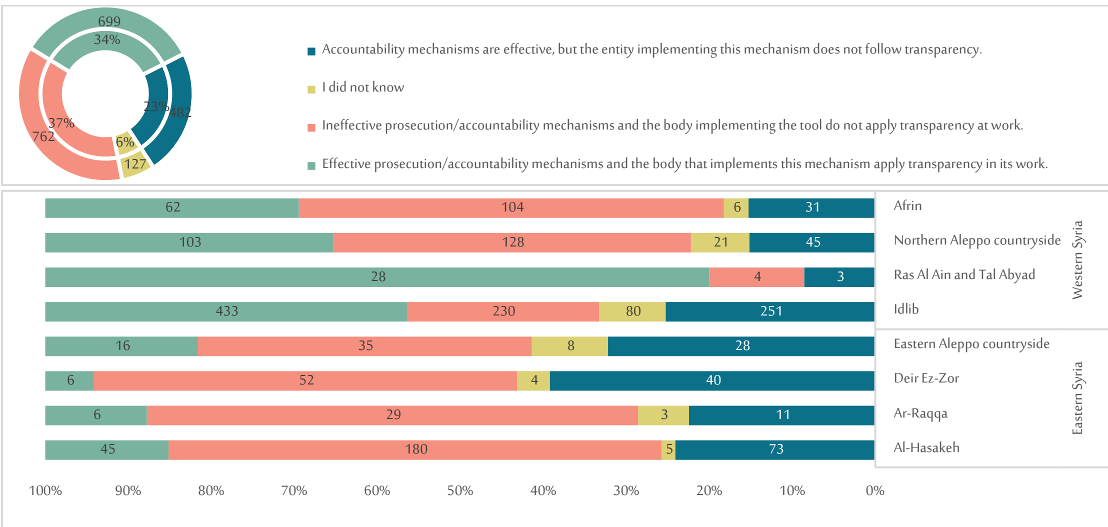
Here, a distinction should be made between dealers and users of narcotic substances. They are differentiated based on the quantity of narcotic substances seized by the person. If the quantity is large (enough for dozens of users), the person is considered a drug dealer (or promoter). If the quantity is small (only enough for one person for several days), the person is considered a drug abuser. In addition, the existence of some chemical or quality equipment (a small scale that measures fines) indicates that the person is a drug dealer.

Figure 35. Number/percentage of respondents according to the mechanisms used to deal with drug dealers from their point of view



37% (762 respondents) of the respondents reported that the mechanisms applied to prosecute and hold drug dealers accountable are ineffective, and the entities that implement these mechanisms do not follow transparency in their work. 23% (482 respondents) reported that the mechanisms applied are effective, but the entities that implement these mechanisms do not follow transparency in their work. 34% (699 respondents) reported that the mechanisms implemented to prosecute and hold drug dealers accountable are effective, and the entities that implement these mechanisms follow transparency in their work.

Figure 36. Number/percentage of respondents according to the mechanisms used to deal with drug dealers from their point of view

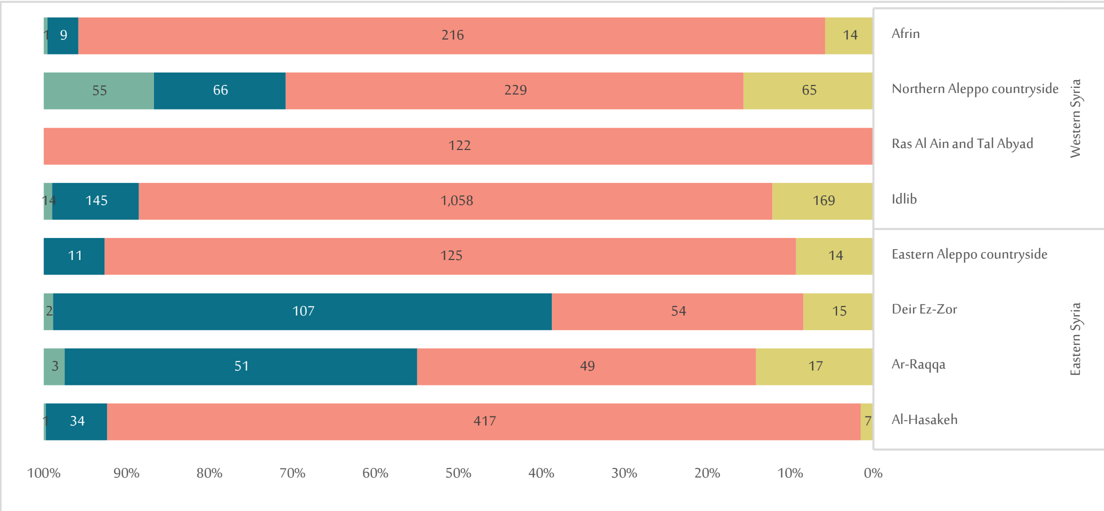


7. Awareness-raising campaigns on the dangers of narcotic substances and their effectiveness

The enumerators asked the respondents about the existence of campaigns to raise awareness of the dangers of substance abuse and its effectiveness. 74% (2,270 respondents) of respondents reported the absence of such campaigns. 14% (423 respondents) reported that there were awareness campaigns, but they were ineffective. Only 2% (76 respondents) reported the existence of campaigns to raise awareness on the dangers of the use of narcotic substances and confirmed that these campaigns were effective.

Figure 37. Number/percentage of respondents according to their views on the availability of awareness campaigns on the dangers of drug abuse





09 Recommendations



Ninth: Recommendations

1. The results show that 18% of drug abusers resort to using narcotic substances to forget the difficult reality they live in, 17% use them because of the deterioration of the situation and the lack of job opportunities. The study showed that unemployed persons were more likely to be addicted to narcotic substances. Moreover, drug dealers exploit adolescents' and young people's need for money to promote narcotic substances. **The study recommends improving the population's living conditions, providing them with appropriate employment opportunities to protect them from drug addiction and from engaging in the production or trafficking of narcotic substances.**
2. The study showed that 14% of addicts start using narcotic substances on a trial basis to develop later and use them occasionally to lead to addiction later. 13% use narcotic substances because of the lack of awareness of the seriousness of these substances. Only 74% (2,270 respondents) reported the lack of campaigns to raise awareness of the dangers of narcotic substances. Therefore, there is a need to provide awareness campaigns on the dangers of narcotic substances. **All official and community entities and influential persons in society should participate in these campaigns. Such campaigns should include schools and cultural events, with the participation of imams of mosques. It is also essential to provide posters and leaflets that illustrate the dangers of substance abuse.**
3. The study showed that 65% (2,002 respondents) of respondents reported the lack of places to treat drug addicts in their areas, and 30% (915 respondents) reported a lack of knowledge of the availability of such places. These indicate the lack of appropriate centers for the treatment of addiction and the lack of awareness of the community of the mechanisms of treatment. It is essential to provide centers for the treatment of substance abuse. Psychological support and follow-up programs should be provided for those recovering from drug abuse to prevent relapses. **Once a person becomes addicted to a drug, they are at high risk of reverting to a pattern of addiction. If a person starts using a drug in large quantities and without medical supervision, they will likely lose control of its use again, even if they have received treatment and have stopped using it for some time.**
4. The study found that 20% of narcotic substances are purchased from unlicensed pharmacies or drug traders, and 13% are purchased directly from drug dealers and promoters. The dependence of addicts on painkillers and narcotic substances with an anesthetic effect, which led to the loss of these medicines and increased patients' need for them, constitutes 24% of the economic impact of the spread of narcotic substances. **Effective control over the functioning of licensed pharmacies and mechanisms for dispensing medicines should be put in place, and all unlicensed pharmacies should be closed. Unlicensed medicine traders pursued to control the eliciting narcotic substances.**
5. The study found that only 27% (844 respondents) reported the existence of effective entities to prosecute drug dealers. While 40% (1,231 respondents) reported the presence of prosecution entities, they considered them ineffective. 19% (591 respondents) reported the lack of entities to prosecute drug dealers. 20% of the respondents stated that at the forefront of limiting substance abuse comes the setting of a mechanism to prosecute drug dealers, put strict control over dispersing medicine with narcotic effects by licensed pharmacies, and close unlicensed pharmacies that sell drugs without prescriptions from competent authorities. Thus, support should be provided to the local authorities to form competent entities to prosecute drug dealers and control the checkpoints to prevent the

entry of narcotics substances from regime-controlled areas and other areas. **The competent entities should be trained to distinguish between users of narcotic substances who are considered sick and in need of treatment and drug dealers who should be prosecuted.**

6. The study results found that young people and adolescents are most likely to engage in substance abuse and addiction later. If addiction occurs at an early age, it will destroy young people's lives and make a recovery difficult. **Respondents emphasized the need to provide sports and social activities to fill young people's leisure time and protect them from engaging in substance abuse.**
7. The Syrian regime and militias loyal to it are the most involved in the production and trade of narcotic substances, primarily since the areas of cultivation and manufacture of these substances are, as known to everyone, within the areas of the regime's control and the militias loyal to it. All exports of such items are made through the regime's seaports and land border crossings. Reports indicated that all shipments of narcotic substances seized in many countries of which Syria was the country of origin carried a legal cover from the regime's Import and Export Directorate. On 7 October 2021, the International Criminal Police (Interpol) reintegrated the Syrian Government into its system to facilitate the exchange of information, which had been suspended since 2012. The Syrian regime does not only rely on lethal weapons to destroy Syria. Yet, it tries to disconnect social relations by spreading narcotic substances to achieve direct or indirect financial gains by winning loyalties, subjugating society, and putting pressure on neighboring countries. **Therefore, severe and deterrent sanctions should be imposed on the Syrian regime, considering that the risk of its promotion of narcotic substances has gone beyond the borders of the Syrian state or the countries of the Middle East. Shipments of narcotic substances sent from the regime were seized in several European countries.**

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ASSISTANCE COORDIANTION UNIT

وحدة تنسيق الدعم

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In Northern Syria

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